CITY OF SURPRISE
Regular City Council Work Session
16000 N. Civic Center Plaza
Surprise, AZ 85374
Tuesday, December 3, 2019 @ 4:00 PM
COUNCIL CHAMBERS

A. Call To Order
B. Roll Call
C. Pledge of Allegiance
D. Proclamation and Community Acknowledgements
E. City Manager Report
F. City Clerk Report
G. Call To The Public

INSTRUCTIONS: In order to address the City Council, you will need to fill out a Call to the Public Form available at the front counter, and then turn it in to the City Clerk before the meeting begins.
Download the Call to the Public form (PDF download requires Adobe Acrobat Reader)
Fill out the Call to the Public form online If submitting form electronically, please submit to City Clerk at least one hour before the meeting start time.
The Call to the Public form is also available at the front counter.

Note: A.R.S. 38-431.01(H)- During this time members of the public may address City Council only on issues within the jurisdiction of the City Council which are not an item on the agenda. At the conclusion of the open call, City Council may respond to criticism, may ask staff to review the matter or may ask that the matter be put on a future agenda. No discussion or action shall take place on any item raised.

Approval of items on the Consent Agenda – all items with an asterisk (*) are considered to be routine matters and will be enacted by one motion and one roll call vote to the City Council. There will be no separate discussion on these items unless a Councilmember requests, in which event the item will be removed from the consent agenda and considered in its normal sequence on the agenda.

Please be aware that Council Members may not discuss or respond to matters raised during call to the public that are not specifically identified on the agenda. Council Members may however, in their discretion, discuss or respond to relevant matters raised during a noticed public hearing or agenda item.

H. Regular City Council Work Session Agenda

CONSENT AGENDA:

REGULAR AGENDA ITEM - PUBLIC HEARING:

REGULAR AGENDA ITEM - NON-PUBLIC HEARING:

1.	Citywide	Presentation and discussion pertaining to the proposed adoption of an ordinance establishing restrictions on the sale of tobacco products to persons under 21.	None Harold Brady Legal

2.	Citywide	Presentation and discussion on the final report of the Surprise Community Needs Assessment.	None Seth Dyson Human Svcs and Comm Vitality
3.	Citywide	Presentation and discussion regarding Community Pools in Medium Density Zoning	None Robert Kuhfuss Community Development

I. Other Business and Future Agenda Items

J. City Council Reports

K. Executive Session

For information Purposes; Upon a public majority vote of a quorum of the City Council, the Council may hold an executive session, which will not be open to the public, but for only the following purposes:

- discussion or consideration of personnel matters (A.R.S. §38-431.03 (A)(1));
- discussion or consideration of records exempt by law from public inspection (A.R.S. §38-401.03 (A)(2));

L. Adjournment

SHERRY ANN AGUILAR, CITY CLERK, MMC

POSTED:Tuesday, November 26, 2019 @ 8:30 a.m.

SPECIAL NOTE: PERSONS WITH SPECIAL ACCESSIBILITY NEEDS, INCLUDING LARGE PRINT MATERIALS OR INTERPRETER, SHOULD CONTACT THE CITY CLERK'S OFFICE @ 623.222.1200 OR TTY 623.222.1002, BY NO LATER THAN 24 HOURS IN ADVANCE OF THE REGULAR SCHEDULED MEETING TIME.

CITY OF SURPRISE
Regular City Council Work Session

Council Meeting Date: December 3, 2019

Contact Person: Harold Brady, PS LEGAL ADVISOR

Submitting Department: Legal

District: Citywide

Staff Recommendations: None

Consent: No Regular: Yes Public Hearing: No Report/Discussion: No

Agenda Wording:

Presentation and discussion pertaining to the proposed adoption of an ordinance establishing restrictions on the sale of tobacco products to persons under 21.

Motion:

Discussion only.

Background:

Recently, there has been a lot of media coverage relative to the use of tobacco products by underage persons and the possible ill effects of such usage. In response, several cities and at least one County have considered ordinances relative to this subject. Council had a representative of the American Cancer Society at a recent meeting who talked about the health issues related especially to vaping. At the conclusion of that presentation, Council asked for staff to present an ordinance for their consideration.

Objective Analysis:

The ordinance being presented is patterned after an ordinance adopted by the City of Flagstaff. it focuses upon licensing and retailers as a way to discourage the purchase of tobacco by underage persons. It does not penalize the use or possession of tobacco products by persons under the age of 21 nor does it penalize the use of tobacco products, such as by vaping, when that conduct occurs in public places.

Policy Compliant:

The policy and practices of the City of Surprise has always been to discourage practices of an unhealthy lifestyle, especially by our youth. This ordinance is intended to do exactly that.

Financial Impact:

None at this time; however, the financial cost to the City will be primarily for two things. First, there will be current and ongoing costs associated with the licensing of retailers. Second, there will be current and ongoing costs incurred by the Police Department, Code Enforcement and the City Court relative to the enforcement of the ordinance prohibitions upon sale of tobacco products to persons under the age of 21.

Budget Impact:

None at this time; however, the licensing and the enforcement of the prohibition upon retailers selling tobacco products to persons under age 21 will require personnel time and related resources. However, at this time it is the belief of City staff that the enforcement can be accomplished using current city budgeted resources.

FTE Impact:

None at this time; the adoption of the ordinance is not anticipated to require the addition of any FTEs.

ATTACHMENTS:

1. 191118 ORDINANCE 2019-xx Tobacco Products T21 Work Session
2. Tobacco 21 Work Session PPT
3. R19-014

ORDINANCE 2019-xx

AN ORDINANCE OF THE MAYOR AND COUNCIL OF THE CITY OF SURPRISE, ARIZONA, AMENDING CHAPTER 22, *HEALTH*, BY ADDING A NEW ARTICLE IV, *TOBACCO PRODUCTS* PERTAINING TO THE PROHIBITION OF THE SALE OF TOBACCO PRODUCTIONS TO PERSONS UNDER THE AGE OF 21; INCLUDING SEVERABILITY; ESTABLISHING AN EFFECTIVE DATE; AND REPEALING CONFLICTING ORDINANCES.

WHEREAS, the City of Surprise recognizes that the use of tobacco products has devastating health and economic consequences;

WHEREAS, Tobacco product use leads to more than $300 billion in health care and lost worker productivity costs each year according to the U.S. Department of Health & Human Services and the American Journal of Preventative Medicine;

WHEREAS, Young minds are particularly susceptible to the addictive properties of nicotine and as a result, approximately 3 out of 4 teen smokers end up smoking into adulthood according to the U.S. Department of Health & Human Services;

WHEREAS, an estimated 5.6 million youth aged 0 to 17 are projected to die prematurely from a commercial tobacco-related illness if prevalence rates do not change according to the U.S. Department of Health & Human Services;

WHEREAS, National data show that about 95 percent of adults who smoke begin smoking before they turn 21 and the time between ages 18 to 20 is a critical period when many adults who smoke move from experimental smoking to regular, daily use according to the U.S. Department of Health
& Human Services;

WHEREAS, Data from the National Youth Tobacco Survey demonstrates that youth use of e- cigarettes continues to increase and the overall use rate of e-cigarettes among youth continues to be higher than other forms of tobacco and has stymied previous progress in the reduction of the overall tobacco use rate for youth according the Centers for Disease Control & Prevention;

WHEREAS, The popularity among youth of newer products, such as the brand JUUL, which currently dominates the market, is likely responsible for the significant increase of e-cigarette usage among high school students according to the Centers for Disease Control & Prevention;

WHEREAS, In 2015, the Institute of Medicine (now the National Academy of Medicine) concluded that raising the minimum legal sales age for tobacco products nationwide would reduce tobacco initiation, particularly among adolescents aged 15 to 17, improve health across the lifespan, and save lives; and that raising the minimum legal sales age for tobacco products nationwide to 21 would, over time, lead to a 12 percent decrease in smoking prevalence according to the Institute of Medicine;

WHEREAS, The Institute of Medicine also predicted that raising the minimum legal sales age for tobacco products natioide to 21 would result in 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019 and would result in near immediate reductions in preterm birth, low birth weight, and sudden infant death syndrome;

WHEREAS, Tobacco21.org indicates that a growing number of state and local jurisdictions have enacted minimum legal sales age 21 policies to further restrict access to commercial tobacco;

WHEREAS, Three-quarters of adults support raising the minimum legal sales age for tobacco products to 21, including seven out of ten adults who smokes according the American Journal of Preventive Medicine;

WHEREAS, Strong policy enforcement and monitoring of retailer compliance with tobacco control policies (e.g. requiring identification checks) is necessary to achieve reductions in youth tobacco sales rates after raising the minimum legal sales age to 21;

WHEREAS, The National Academy of Medicine recommends imposing penalties on business owners to provide sufficient incentives to comply with the law, and business owners with an economic incentive to avoid violations are more likely to establish company-wide policies and incorporate instruction on tobacco laws into employee training.

NOW, THEREFORE, BE IT ORDAINED by the Mayor and Council of the City of Surprise, Arizona, as follows:

Section 1. That Chapter Chapter 22, *Health* of the Surprise Municipal Code is hereby amended by adding a new Article IV, *Tobacco Products,* to be codified as set forth in Attachment A, which is incorporated herein by reference.

Section 2. All ordinances, resolutions or codes in conflict with the provisions of this Ordinance or Code adopted by this Ordinance are repealed.

Section 3. If any section, subsection, sentence, clause, phrase or portion of this Ordinance or any part of these amendments to the municipal code adopted herein is for any reason held to be invalid or unconstitutional by decision of any court of competent jurisdiction, such decision will not be read to affect the validity of the remaining portions thereof.

Section 5. This ordinance will become enforceable sixty days from the date this Ordinance becomes effective.

PASSED AND ADOPTED this_____day of_____, 2019.

_____
Skip Hall, Mayor

Attest:

_____
Sherry Aguilar, City Clerk

Approved as to form:

_____
Robert Wingo, City Attorney

Attachment A

ARTICLE IV.- TOBACCO PRODUCTS

Sec. 22- 54.- Definitions.

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Distribute or Distribution means to furnish, give, provide, sell, or to attempt to do so, whether gratuitously or for any type of compensation.

Electronic smoking device means any device that may be used to deliver any aerosolized or vaporized substance to the person inhaling from the device, including, but not limited to, an e-cigarette, e-cigar, e-pipe, vape pen or e-hookah. Electronic smoking device includes any component, part, or accessory of the device, and also includes any substance intended to be aerosolized or vaporized during the use of the device, whether or not the substance contains nicotine. Electronic smoking device does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

No Sales Order for Tobacco Products means an order from the City Manager or the City Manager's designee to immediately cease all sales of any and all tobacco products.

Person means any natural person.

Purchaser means any person who obtains or attempts to obtain a tobacco product.

Self-service display means any display from which customers may select a tobacco product without assistance from the tobacco retailer or the tobacco retailer's agent or employee and without a direct person-to-person transfer between the purchaser and the tobacco retailer or tobacco retailer's agent or employee .

Tobacco product means: (1) any product containing, made of, or derived from tobacco or nicotine that is intended for human consumption or is likely to be consumed, whether inhaled, absorbed, or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus; (2) any electronic smoking device and any substances that may be aerosolized or vaporized by such device, whether or not the substance contains nicotine; or (3) any component, part, or accessory of (1) or (2), whether or not any of these contain tobacco or nicotine, including but not limited to filters, rolling papers, blunt or hemp wraps, and pipes. Tobacco product does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

Tobacco retail establishment means any place of business where tobacco products are available for sale to the general public. The term includes but is not limited to grocery stores, tobacco product shops, kiosks, convenience stores, gasoline service stations, bars, and restaurants.

Tobacco retailer means any person, partnership, joint venture, society, club, trustee, trust, association, organization, or corporation who owns or operates any tobacco retail establishment. Tobacco retailer does not mean the non-management employees of an owner or operator of any tobacco retail establishment.

Vending machine means any mechanical, electrical or electronic device that, on insertion of money, tokens or any other form of payment, dispenses tobacco products.

Sec. 22-55 License Required

(a) Each tobacco retailer engaging in the distribution of tobacco products, at each location in Surprise shall secure, and display at all times, a tobacco retail sales license from the City or its authorized agent before engaging or continuing to engage in such business. No tobacco retailer may distribute tobacco products without a valid tobacco retail sales license.
(b) The fee for a tobacco retail sales license shall be set according to a separate fee schedule adopted and updated from time to time by City Council and used to cover the administrative cost for licensing administration, education and training, retail inspections, and unannounced compliance checks. The tobacco retail sales license fee should not exceed the cost of the regulatory program authorized beyond this Ordinance.
(c) A tobacco retail sales license cannot be renewed if the tobacco retailer has outstanding fines pursuant to this Ordinance.
(d) No tobacco retail sales license shall be issued or renewed to a tobacco retail sales license unless the tobacco retailer signs a form stating that the tobacco retailer has read this Ordinance and has provided training to all employees on the sale of tobacco products. Such training shall include information that the sale of tobacco products to persons under 21 years of age is illegal, the types of identification legally acceptable for proof of age, and that sales to persons under 21 years of age shall subject the tobacco retailer to penalties.
(e) Any business found to be selling tobacco products without a license shall be fined and issued a No Sales Order for Tobacco Products pursuant to Surprise Municipal Code Section 22-54 of this Chapter.

Sec. 22-56. Minimum Legal Sales Age For Tobacco Products

(a) The distribution of any tobacco product to a person under the age of 21 is prohibited.
(b) Before distributing any tobacco product, the tobacco retailer or the tobacco retailer's agent or employee shall verify that the purchaser is at least 21 years of age. Each tobacco retailer or tobacco retailer's ag ent or employee shall examine the purchaser's government issued photographic identification. No such verification is required for a person over the age of 30. That a purchaser appears to be 30 years of age or older shall not constitute a defense to a violation of this section.

Sec. 22-57. Self-service Displays.

No tobacco retailer or their employee or agent shall sell or otherwise distribute tobacco products by or from a self-service display or vending machine except in places where persons under the age of 21 are not permitted access at any time.

Sec. 22-58. Signage.

No tobacco retailer shall sell or permit the sale of tobacco products in the City unless a notice is posted at any location where tobacco products are available for purchase. All notices must be posted in a manner conspicuous to both employees and consumers, unobstructed from view in their entirety, and within six feet of each register where tobacco products are available for purchase. The City of Surprise shall provide this notice, which shall state "NO PERSON UNDER THE AGE OF 21 MAY BE SOLD TOBACCO PRODUCTS, INCLUDING ELECTRONIC SMOKING DEVICES." The notice must be at least 14" by 11" and the words on the notice must be legibly printed in a high contrast red color with capitalized letters at least one inch high.

Sec. 22-59. Enforcement.

The City may subject any tobacco retailer to unannounced compliance checks. The City or its authorized agent shall conduct compliance checks by engaging persons under the age of 21 to enter the tobacco retail establishment to attempt to purchase tobacco products.

Sec. 22-60. Civil Penalties.

(a) Tobacco retailers. Any tobacco retailer found to have violated this Ordinance shall be subject to:
    1. For a first violation, a fine no less than $500;
    2. For a second violation within a thirty-six (36) month period, a fine no less than $750 and the tobacco retailer shall be prohibited from distributing tobacco products for a minimum of seven (7) days;
    3. For a third violation within a thirty-six (36) month period, a fine no less than $1,000 and the tobacco retailer shall be prohibited from distributing tobacco products for a minimum of thirty (30) days;
    4. For a fourth and any subsequent violations within a thirty-six (36) month period, a fine no less than $1,000 and the tobacco retailer shall be prohibited from distributing tobacco products for a period of three (3) years.

(b) Employees. Any person found to have violated this Ordinance while acting as a non-management agent or employee of a tobacco retailer shall be subject to a civil penalty in accordance with Surprise Municipal Code Chapter 2, Article VI, Section 2-238(b) and other non-criminal, non- monetary penalties, including, but not limited to education classes.

(c) Other persons. Any person 21 years of age or older, besides a tobacco retailer or a tobacco retailer's agent or employee, who violates this Ordinance is subject to an administrative fine of $50.

Sec. 22-61. Related Violations.

A violation of any federal, state, or local law, ordinance provision, or other regulation relating to tobacco products is also a violation of this Ordinance. In addition to any other penalty, a tobacco retailer who violates any provision of this Ordinance or any federal, state, or local law, ordinance provision, or other regulation relating to tobacco products, shall be subject to penalties stated in this Ordinance, including fines and a prohibition of the sale of tobacco products

Sec. 22-62. Exceptions and Defenses.

(a) The penalties in this Ordinance do not apply to a person younger than 21 years old who purchases or attempts to purchase tobacco products while under the direct supervision of City staff or their authorized appointees for training, education, research, or enforcement purposes.
(b) Nothing in this Ordinance prohibits an underage person from handling tobacco products in the course of lawful employment by a tobacco retailer.
(c) It shall be an affirmative defense to a violation of this Ordinance for a tobacco retailer or their agent or employee to have reasonably relied on valid government issued identification demonstrating proof of age.

SURPRISE
ARIZONA

TOBACCO 21

ORDINANCE FOR CONSIDERATION

Ordinance Elements

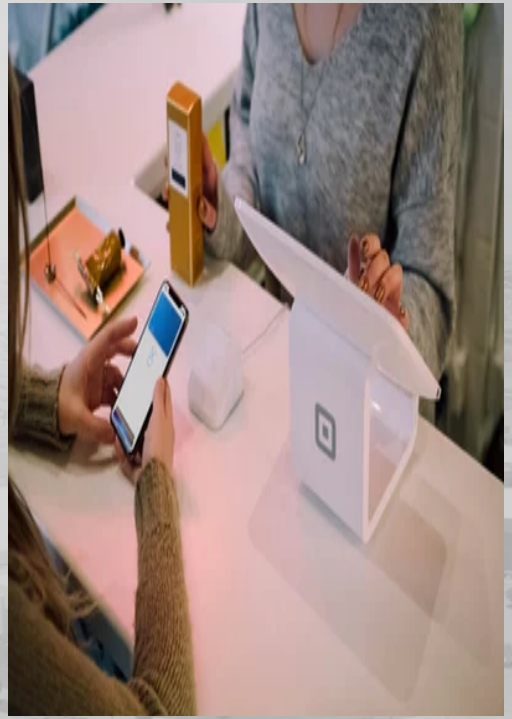
- Licensing
- Under 21 Purchasing Restrictions
- Enforcement

Licensing

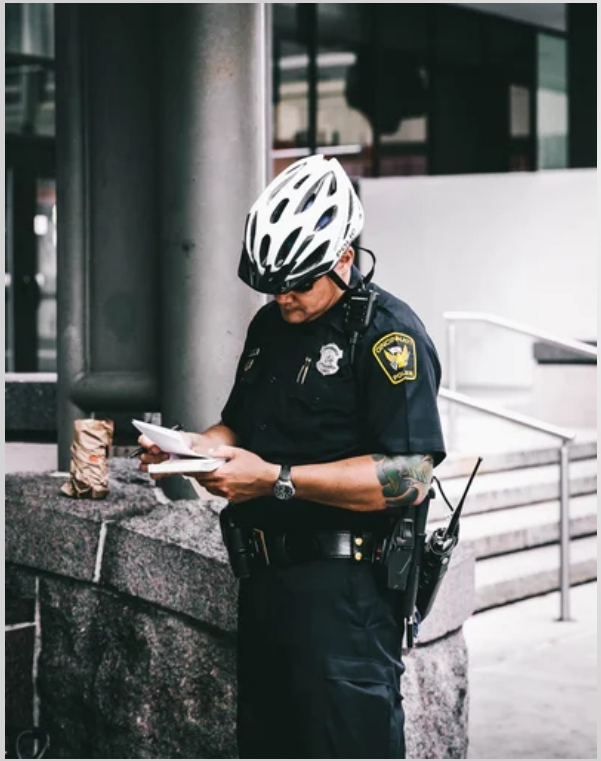
- Every Tobacco Product Retailer must be licensed
- Tobacco product broadly defined including
  - all products derived from tobacco or nicotine
  - Electronic smoking devices
  - Substances that may be aerosolized or vaporized by a smoking device

Under 21 Restrictions

- Penalties for sales to under 21 purchasers
- Requires request for ID when purchasers appears 30 or less
- Requires Retailer to train its employees
- No self-service displays (unless area is 21+ only)



Enforcement



- Authorizes Compliance checks and follow up
- License suspension and/or revocation for repeated violations or failure to pay penalties
- Penalties for employees who violate the ordinance

Background

- The Attorney General's Office is preparing an opinion relative to a city's authority to adopt an ordinance such as this one
- There are still internal department discussions about implementation logistics
- Recommend holding off on adoption until A.G. issues an opinion and staff are prepared for implementation

SURPRISE
ARIZONA

QUESTIONS OR COMMENTS?

Thank You

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DISTRICT 8

Arizona House of Representatives
Phoenix, Arizona 85007

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August 1, 2019

The Honorable Mark Brnovich
Attorney General of the State of Arizona
2005 North Central Avenue
Phoenix, Arizona 85004

Re: Request for Advisory Opinion Concerning Municipal Age Restrictions on Transactions Involving Tobacco or Vapor Products

Dear Attorney General Brnovich:

I write pursuant to Ariz. Rev. Stat. § 41-193(A)(7) to request an advisory opinion with respect to the following question:

May county governments, incorporated cities and towns, or charter cities prohibit either (1) the sale or transfer of tobacco or vapor products to persons who are over the age of eighteen but under the age of twenty-one, or (2) the purchase, possession or use of tobacco or vapor products by such individuals?

For the reasons discussed below, I believe such enactments are impliedly preempted by Ariz. Rev. Stat. §§ 13-3622(A)-(B) and 36-798(5), which permit transactions involving tobacco or vapor products among individuals who are eighteen years of age or older. Municipal measures that impose an age threshold different from that established by state law conflict with the Legislature's prescribed public policy on a matter of statewide concern in a regulatory field that is the exclusive domain of the state.

FACTUAL BACKGROUND

In May 2016, the City of Cottonwood, an incorporated municipality, adopted an ordinance that prohibits the sale of tobacco or vapor products to persons under the age of 21, and imposes a parallel restriction on the purchase, use or possession of tobacco or vapor products by such individuals. Violations of the ordinance are civil offenses punishable by fines of up to $500. *See* Cottonwood Town Code § 9.12.040. Fourteen months later, the charter city of Douglas enacted a substantively identical measure. *See* Douglas City Code ch. 8.40.[1] In June of this year, the City of Flagstaff adopted its own ordinance prohibiting sales of tobacco or vapor products to individuals over age 18 but under age 21; retail establishments that amass more than three infractions in a 36-month period—even if the violations occur at different store locations and even if management personnel have explicitly instructed and trained sales clerks to verify tobacco purchasers' ages—

[1] Although the title of the Douglas ordinance contemplates a ban on the use or possession of tobacco or vapor products by individuals under age 21, the measure's text addresses only the sale or transfer of such products. The maximum fine for violations of the Douglas ordinance is $750.

will be banned from selling tobacco products for three years, a debilitating penalty for most small business retail establishments. *See* City of Flagstaff Ordinance No. 2019-24. Additional measures to increase the minimum age for the purchase of tobacco and vaping products are currently pending consideration by the Tucson City Council and the Pima County Board of Supervisors. *See* Jorge Encinas, "Tucson, Pima County Study Raising Smoking Age to 21; Would it Matter Much Here?," GREEN VALLEY NEWS, July 22, 2019, *available at* https://www.gvnews.com/news/tucson-pima-county-study-raising-smoking-age-to-would-it/article_31d20b14-a9b6-11e9-9d13-8b49e5ba1bd2.html.

LEGAL ANALYSIS

I. State Law Does Not Authorize Incorporated Municipalities to Regulate Tobacco or Vapor Products

"[C]ities' authority is limited to those powers expressly, or by necessary implication, delegated to them by the state constitution or statutes." *Home Builders Ass'n of Cent. Arizona v. City of Maricopa*, 215 Ariz. 146, 149, ¶ 5 (App. 2007); *see also City of Tucson v. Arizona Alpha of Sigma Alpha Epsilon*, 67 Ariz. 330, 334 (1948). While a charter city may legislate pursuant to authority conferred by that instrument, incorporated municipalities and county governments must predicate any enactment upon an express grant of authority in state law. A prerogative to regulate tobacco or vapor products is nowhere found within the extensive catalogue of powers delegated to cities and towns in Title 9; nor is it among the functions assigned to county governments in Title 11. Importantly, the necessary grant of authority must be clear and explicit; it cannot be inferred from legislative silence or extruded from amorphous statutory language. *See State v. Payne*, 223 Ariz. 555 (App. 2009) (statutes that delegated broad powers to boards of supervisors "to carry out the duties, responsibilities and functions of the county" and to institute various fees did not authorize imposition of "prosecution fee" on convicted defendants); *Home Builders*, 198 Ariz. at 499, ¶ 12 ("None of those provisions [in Title 9], even by implication, gives cities or towns any authority over or responsibility for public school matters.").

Accordingly, incorporated cities and towns and county governments lack any legal authority to establish age restrictions on transactions involving tobacco or vapor products—irrespective of whether such measures are preempted by state law.

II. The Legislature Has Preempted the Enactment by Charter Cities of Age Restrictions on Tobacco or Vapor Products

Unlike incorporated municipalities, which lack any inherent legislative authority and must derive their governmental powers from an express statutory grant, charter cities possess a constitutional prerogative to legislate on matters of local concern. *See* ARIZ. CONST. art. XIII, § 2. Importantly, however, the enactments of charter cities must "not be in conflict with this Constitution or with the laws of the state" with respect to matters of statewide concern. *See id.*; *see also* Ariz. Rev. Stat. § 9-284(B) ("The charter shall be consistent with and subject to the state constitution, and not in conflict with the constitution and . . . general laws of the state not relating to cities."). The upshot is that "[c]harter cities may . . . legislate in areas of local concern, even those which may involve a statewide interest, subject always to the rule that the state may preempt the legislative

field either directly or by implication." *Union Transportes de Nogales v. City of Nogales*, 195 Ariz. 166, 169, ¶ 9 (1999).

Because the authority of charter cities is constitutionally subordinate to state law governing any subject of statewide relevance, the Legislature may displace municipal measures when "(1) the municipality creates a law in conflict with the state law, (2) the state law is of statewide concern, and (3) the state legislature intended to appropriate the field through a clear preemption policy." *City of Scottsdale v. State*, 237 Ariz. 467, 470, ¶ 10 (App. 2015) (quoting *State v. Coles*, 234 Ariz. 573, 574, ¶ 6 (App. 2014)); *see also Jett v. City of Tucson*, 180 Ariz. 115, 121 (1994).[2]

A. The Minimum Age Requirement for the Purchase or Sale of Tobacco or Vapor Products is a Matter of Statewide Concern

The Arizona Supreme Court has affirmed unequivocally and unqualifiedly that "[m]atters involving the police power generally are of statewide concern." *State ex rel. Brnovich v. City of Tucson*, 242 Ariz. 588, 600, ¶ 47 (2017). The upshot is that the Legislature may prescribe rules, regulations or restrictions of uniform statewide application with respect to "the protection of life, liberty, and property, and the preservation of the public peace and order." *Id.* (quoting *Luhrs v. City of Phoenix*, 52 Ariz. 438, 444 (1938)).

This general principle is fortified by a litany of caselaw that has consistently sustained the state's authority to intervene in an expansive array of policy questions, including even mundane activities that may not transcend a municipality's territorial boundaries, whenever public health, safety or welfare is implicated. *See, e.g.*, *Brnovich*, 242 Ariz. at 600, ¶¶ 49-50 (local police departments' handling of forfeited or unclaimed firearms is matter of statewide concern); *City of Scottsdale*, 237 Ariz. at 471, ¶ 16 (finding that regulation of sign walkers was matter of statewide concern, explaining that "criminalizing conduct . . . based on public activity on publicly owned walkways

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[2] It should be noted that an implicit confusion pervades the case law with respect to whether preemption must entail both a conflicting state statute and the Legislature's occupation of the field. While the current formulation of the doctrinal test is structured in the conjunctive, other cases have indicated that the presence of either a conflict or field occupation is independently sufficient to establish a preemptive effect. *See, e.g.*, *Union Transportes de Nogales v. City of Nogales*, 195 Ariz. 166, 171, ¶ 20 (1999) ("Preemption becomes an issue when the charter city legislates in contradiction to state law **or** over a subject that is in a 'field' already fully occupied by state law." (emphasis added)); *State ex rel. Baumert v. Municipal Court of the City of Phoenix*, 124 Ariz. 159, 161 (1979) (declining to reach question of field preemption "since we have resolved the issue on the narrower ground of conflict between the ordinance and the statute"). Still other cases omit the conflict element altogether from their recitation of the standard. *See, e.g.*, *Flagstaff Vending Co. v. City of Flagstaff*, 118 Ariz. 556, 559 (1978). In any event, a framework that conditions preemption on either a conflicting statute **or** field appropriation is not only more conceptually sound and descriptively accurate—no case has ever sustained a municipal ordinance against a conflicting statute on a matter of statewide concern—but also comports with the federal case law, which likewise recognizes conflict and field preemption as two distinct and independent variants of preemption doctrine. *See generally Valle del Sol Inc. v. Whiting*, 732 F.3d 1006, 1022 (9th Cir. 2013) ("There are 'three classes of preemption': express preemption, field preemption and conflict preemption.").

affects everyone who uses the walkway, regardless whether [*sic*] they are residents of the municipality"); *Coles*, 234 Ariz. at 577, ¶ 17 (regulation of public intoxication is statewide concern); *Puppies 'n Love v. City of Phoenix*, 283 F. Supp. 3d 815, 820 (D. Ariz. 2017) (holding that "regulating pet stores and dealers and the animals they sell" is matter of statewide concern); *Jett*, 180 Ariz. at 121 ("We acknowledge that the removal of city magistrates from office is a subject of statewide concern."); *City of Phoenix v. Harnish*, 214 Ariz. 158, 164, ¶ 25 (App. 2006) ("The exercise of eminent domain is a matter of statewide concern."); *Luhrs*, 52 Ariz. at 448 ("We conclude that the matter of pensioning policemen, as also the matter of fixing a minimum wage for policemen and firemen, is of state-wide concern."); *Clayton v State*, 38 Ariz. 135, 148-49 (1931) ("The sobriety of drivers of motor vehicles is not a local affair. It is a matter of concern to all the people of the state.").

Notably, Arizona courts have deemed municipal measures superordinate to contrary state statutes "[i]n only two areas," namely, "the method and manner of conducting elections in the city" and "the manner and method of disposal of real estate of a city." *Brnovich*, 242 Ariz. at 602, ¶¶ 56-57 (citing *Strode v. Sullivan*, 72 Ariz. 360 (1951) and *City of Tucson v. Arizona Alpha of Sigma Alpha Epsilon*, 67 Ariz. 330 (1948)).

Given this doctrinal lineage, it is beyond reasonable dispute that the regulation of tobacco or vapor products—to include prescribing to whom such items may or may not be sold or transferred—is squarely within the ambit of police powers that derive from, and ultimately are reserved by, the state. *See, e.g.*, *Mayor & Common Council of City of Prescott v. Randall*, 67 Ariz. 369, 374-75 (1948) (indicating that "control over the traffic in intoxicating liquors" is a statewide concern); *State v. Loughran*, 143 Ariz. 345, 349 (App. 1985) (regulation of prostitution is statewide concern). The Legislature accordingly acted well within its constitutional authority in permitting the sale or transfer of tobacco products to persons who are not minors and in defining "minors" as individuals under the age of eighteen. *See* Ariz. Rev. Stat. §§ 13-3622(A) and 36-798(5).

B. Municipal Ordinances Imposing a Minimum Age Requirement of Twenty-One for the Transfer or Receipt of Tobacco or Vapor Products Conflict with State Law

Although a legislative intent to preempt municipal enactments always "must be clear," it "can be either express or implied." *Babe's Cabaret v. City of Scottsdale*, 197 Ariz. 98, 102, ¶ 11 (App. 1999). Thus, a city ordinance always must yield to a conflicting statute governing a matter of statewide concern, even if the Legislature has not explicitly articulated a preemptive intent.

The most straightforward variant of conflict preemption arises when the terms of a municipal enactment are mutually exclusive of a parallel statute. *See, e.g.*, *Fleischman v. Protect Our City*, 214 Ariz. 406, 409-10, ¶¶ 19-20 (2007) (ordinance permitting ballot measure proponents to supplement petition filings was preempted by statute providing that "no additional petition sheets may be accepted for filing"); *City of Casa Grande*, 199 Ariz. 547, 551-52, ¶¶ 12-13 (App. 2001) (ordinance authorizing city to acquire utility without voter approval was preempted by statute requiring voter approval as prerequisite to municipal acquisition of utility).

Crucially, however, a municipal ordinance may conflict with a statute even if compliance with both measures is technically possible. When the Legislature has spoken with specificity on a given

subject, its pronouncements displace any materially different municipal enactments concerning the same subject, unless the Legislature has expressly authorized supplemental or more restrictive municipal measures. The Court of Appeals' decision in *Phoenix Respirator & Ambulance Service, Inc. v. McWilliams* illustrates the proper analysis. There, a Phoenix city ordinance required emergency vehicles to come to a full stop at red lights or stop signs before proceeding; by contrast, state law mandated only such "slowing down as may be necessary for safe operation." 12 Ariz. App. 186, 187 (App. 1970). On their face, the two enactments are not irreconcilable; a vehicle that adheres to the ordinance necessarily also would be in compliance with state law. Nevertheless, the court concluded that the two measures were in conflict and deemed the state statute preemptive. While acknowledging the precept that municipalities may institute ordinances more restrictive than state law, the court held that the maxim did not apply when "the legislature has not expressly provided for municipal ordinances to supersede less demanding state statutes." *Id.* at 188.

Subsequent cases have buttressed the reasoning and holding of *McWilliams*. *See, e.g.*, *State ex rel. Baumert v. Municipal Court of the City of Phoenix*, 124 Ariz. 159, 161 (App. 1979) (public indecency ordinance that did not require presence of another person and imposed willful mens rea was preempted by parallel statute that required presence of another person and imposed mens rea of recklessness); *State v. Payne*, 223 Ariz. 555, 566, ¶ 39 & n.7 (App. 2009) (finding that county ordinance imposing "prosecution fee" on convicted defendants conflicted with state law that permitted courts to require defendants to pay the costs of prosecution); *see also City of Phoenix v. Harnish*, 214 Ariz. 158, 162-63, ¶¶ 17-18 (App. 2006) (statute permitting municipalities to acquire property "for public utility and public park purposes" did not authorize taking of property only for public park purposes).[3]

Here, the Legislature has defined the term "minor" in the context of tobacco and vapor products as "a person who is under eighteen years of age." Ariz. Rev. Stat. § 36-798(5). By instead denoting a minor as a person under the age of twenty-one, ordinances such as those adopted by Douglas and Cottonwood "purport[] to regulate essentially the same behavior specifically covered by the statute, and does so using a definition which conflicts with the statute." *Baumert*, 124 Ariz. at 161. Further, the relevant statutes evince no legislative intent to permit municipalities to enact more restrictive age limitations governing the sale or use of tobacco or vapor products. *Compare* Ariz. Rev. Stat. § 36-798.02(C) (specifying that "[t]his article does not invalidate an ordinance of or prohibit the adoption of an ordinance by a county, city or town to further restrict the location of [tobacco] vending machines or specify different wording for the vending machines signs as required by subsection B of this section."). By imposing a minimum age threshold different from that prescribed by the Legislature, the Cottonwood, Douglas and Flagstaff ordinances forbid

[3] By contrast, cases countenancing municipal ordinances more restrictive than corresponding state law generally are predicated on statutory language that expressly authorized or envisaged such enactments. *See, e.g.*, *State v. Loughran*, 143 Ariz. 345, 349 (App. 1985) (noting that relevant statute "specifically authorized cities and towns to enact prostitution ordinances"); *City of Tucson v. Rineer*, 193 Ariz. 160, 162-63, ¶¶ 4-5 (App. 1999) (finding that municipal ordinance prohibiting firearms in city parks was not preempted, in part because relevant statute expressly contemplated municipal legislation on the subject); *Wonders v. Pima County*, 207 Ariz. 576, 579, ¶ 10 (App. 2004) ("When a statute recognizes that there may be local legislation on the same subject matter, no inference of preemption is warranted.").

conduct and commercial transactions that are expressly permitted by statute, and thereby conflict with state law.[4]

C. The Legislature Has Occupied the Field of Age Restrictions on Tobacco or Vapor Products

When the Legislature has spoken with clarity and precision on a given subject, it has occupied the regulatory field to the exclusion of municipal enactments. This principle of field preemption finds its origins in Arizona in *Clayton v. State*, 38 Ariz. 135 (1931), where the Supreme Court considered a Phoenix ordinance that prohibited the operation of a vehicle on public streets while under the influence of alcohol. Although the measure was not substantively irreconcilable with any provision of state law, the court nevertheless deemed it preempted by the state highway code. While acknowledging that a provision in the highway code expressly delegated responsibility for "local parking and other special regulations" to municipal governments, the court concluded that "the Highway Code manifests a purpose to cover the whole subject of highways and to regulate their use by the public in cities and towns as well as in the country." *Id.* at 139.

The reasoning of *Clayton* engrafts easily onto this advisory opinion request. In providing that individuals who are eighteen years of age or older may lawfully purchase or receive tobacco or vapor products, *see* Ariz. Rev. Stat. §§ 13-3622(A)-(B), 36-798(5), the Legislature has announced a bright-line rule of uniform application. While reserving certain discrete and delimited tobacco-related regulatory issues to municipal lawmaking, *see* Ariz. Rev. Stat. § 36-798.02(C) (authorizing supplemental municipal restrictions on tobacco vending machines), it has appropriated the field of age restrictions, and thus impliedly preempted any municipal enactments with respect to that subject. *See also Randall*, 67 Ariz. at 482 (finding field preemption of liquor license regulation notwithstanding statutory language permitting some municipal legislation on the subject, reasoning that "[t]o authorize cities and towns to regulate the liquor traffic would emasculate the entire state liquor code").

The cities of Douglas, Flagstaff and Cottonwood likely will defend their ordinances by invoking *City of Tucson v. Grezaffi*, 200 Ariz. 130 (App. 2001), where the Court of Appeals rejected a

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[4] Earlier this year, the Legislature considered, but ultimately did not adopt, a statute that would have imposed a uniform statewide minimum age of 21 to purchase or obtain tobacco or vapor products and that would have expressly prohibited any county or municipal-level regulation of such products. *See* Senate Bill 1147, Fifty-Fourth Legislature, First Regular Session. As a preliminary matter, a bill that never ultimately emerges from the Legislature necessarily does not constitute an expression of the body's collective intent with respect to potential prospective enactments, and is even less probative of the Legislature's understanding of current law. *See City of Flagstaff v. Mangum*, 164 Ariz. 395, 401 (1990) ("The City notes that the legislative history and historical background of *an enacted statute* provides guidance in ascertaining the intent of the legislature. Citizens correctly point out that this principle has no application to *proposed,* but unenacted, legislation. Rejection by the house or senate, or both, of a proposed bill is an unsure and unreliable guide to statutory construction." (internal citations omitted)). Further, to the extent that the fate of S.B. 1147 illuminates any issue relevant to the subject of this advisory opinion request, it arguably manifests the Legislature's desire to maintain as eighteen years old the statewide minimum age at which an individual may purchase or obtain tobacco or vapor products.

preemption challenge to a municipal measure that restricted smoking in restaurants. Read closely, however, the case actually compels a finding that the ordinances at issue here are preempted. Implicitly rejecting the plaintiff's effort to denominate the regulatory "field" as public health generally, the court indicated that the relevant field should be defined instead by reference to the substantive scope of the challenged ordinance. Accordingly, the operative inquiry was whether the state had legislated specifically in connection with "the subject of smoking in restaurants." *Id.* at 135, ¶ 11. Noting that the Legislature had previously restricted smoking in certain enumerated locations (such as schools and state office buildings), the court concluded that its silence with respect to restaurants could not sustain a preemptive inference. *See id.* at 135, ¶¶ 11-12.

Transposing the reasoning of *Grezaffi* onto this advisory opinion request, the "subject" or "field" to which the Douglas, Cottonwood and Flagstaff ordinances pertain is the minimum age at which tobacco or vapor products may be sold, transferred, purchased, or used. In contrast to the subject of smoking in restaurants—which at the time was nowhere addressed in the Arizona Revised Statutes—the Legislature has spoken clearly and directly, enacting a detailed and comprehensive age limitation governing tobacco and vapor products. *See* Ariz. Rev. Stat. §§ 13-3622(A)-(B), 36-798(5). In so doing, "the Legislature has appropriated the field [of tobacco and vapor age restrictions], and . . . established a rule, beyond which [a] city may not go." *City of Tucson v. Tucson Sunshine Climate Club*, 64 Ariz. 1, 4 (1945). Municipal enactments, such as the ordinances at issue here, impinge on this regulatory field and impede the Legislature's calibration of a uniform statewide minimum age requirement for transactions of tobacco and vapor products. They accordingly are preempted and invalid.

***

Thank you for your attention to this important matter.

Respectfully,

T.J. Shope
Speaker *Pro Tempore*
Representative for Legislative District 8

CITY OF SURPRISE
Regular City Council Work Session

Council Meeting Date: December 3, 2019
Contact Person: Seth Dyson, DIRECTOR - HSCV
Submitting Department: Human Svcs and Comm Vitality
District: Citywide
Staff Recommendations: None

Consent: No Regular: Yes Public Hearing: No Report/Discussion: No

Agenda Wording:
Presentation and discussion on the final report of the Surprise Community Needs Assessment.

Motion:
Discussion only

Background:
Between late May and December, 2019, I&E Consulting, LLC (I&E), actively engaged with the Surprise: human services community (both recipients and providers of services); residents and community advocates; faith communities; leaders/staff members of City of Surprise human services and public safety departments; volunteers; and members of nonprofit boards, commissions and coalitions, to conduct a human services needs assessment for the community. Researchers from I&E were chosen to conduct this assessment through a competitive Request for Quote (RFQ) process organized by the Human Services & Community Vitality (HSCV) department in conjunction with the City's Veterans, Disability and Human Services Commission (VDHS).

Objective Analysis:
This presentation provides the background and findings of the Community Needs Assessment.

Policy Compliant:
This presentation is compliant with City and Council policy.

Financial Impact:
None at this time; however topics covered in this presentation could lead to future actions which may have a fiscal impact.

Budget Impact:
None at this time; however topics covered in this presentation could lead to future actions which may have a budgetary impact.

FTE Impact:
This item does not impact the overall full-time equivalent count.

ATTACHMENTS:

1. Surprise Human Services Needs Assessment Report
2. Presentation

Human Services & Community Vitality in Surprise—

A Community That Cares...

SURPRISE
ARIZONA

A Community Needs Assessment Sponsored by
The City of Surprise, Arizona

Conducted and compiled by:

I&E Consulting, LLC

I&E Consulting

Consulting to Inspire and Enhance Your Mission

November 2019

Human Services & Community Vitality in Surprise—A Community That Cares…

THIS WORK IS A JOINT EFFORT BETWEEN I&E CONSULTING, LLC (I&E) AND SEVERAL WHO HAVE SUPPORTED THE RESEARCH PROJECT:

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HUMAN SERVICES COMMUNITY INPUT

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Surprise Human Services 2019 Needs Assessment Executive Summary

Between late May and December, 2019, I&E Consulting, LLC, (I&E) actively engaged with the Surprise human services community (both recipients and providers of services); residents and community advocates; faith communities; leaders/staff members of City of Surprise human services and public safety departments; volunteers; and members of nonprofit boards, commissions and coalitions to conduct a human services needs assessment for the community. Researchers from I&E were chosen to conduct this assessment through a competitive Request for Quote (RFQ) process organized by the Human Services & Community Vitality (HSCV) department in conjunction with the City's Veterans, Disability and Human Services Commission (VDHS).

Even before the research project began, the understanding existed that Surprise is a "community that cares" and that many good works are active throughout Surprise to ease the challenges faced by a significant number of residents in meeting their basic needs. People are fed, clothed, and offered varying degrees of support. Community leaders across nonprofit and for-profit organizations, members of faith communities, and City of Surprise employees continue diligently to provide their time and their attention toward residents struggling with a wide variety of difficult situations. However, the depth and breadth of human services needs are not always visible to the greater community and some critical needs remain unmet and underserved. This report is offered as a snapshot of those needs and the services rendered across cities to help address those needs.

A typical temptation for busy people with multiple demands on their time is to rely on a project Executive Summary to provide all the pertinent facts and points presented in the larger report for the purpose of making immediate decisions. Although this summary assembles a significant portion of the research results into a dramatically abbreviated compendium, many segments of the research require a more in-depth review and understanding of the findings on the part of the reader interested in putting the research to productive use. In those instances, this Executive Summary will provide a guide to link the reader with specified sections of the larger report.

The City Council and the HSCV department have been commended by residents and community stakeholders throughout the research process for their commitment to the people of Surprise in their decision to take a closer look at the needs of the city's most vulnerable residents. The specific purpose of the research project stated in the RFQ was to gather and analyze assessment data to be used in the City's planning process. This called for the I&E Consulting team to provide recommendations for future decision making, including but not limited to long-term and short-term goals, program and fiscal considerations such as prioritized needed services, and program/resource availability. The RFQ identified six target population groups for study (in alphabetical order): homeless individuals and families/youth, individuals with disabilities/special needs, low to moderate income individuals and families/youth, seniors, survivors of violence (domestic, sexual, and hate crimes), and veterans.

In Section One of this Executive Summary, the four parts of the needs assessment report are summarized with references to the sections of the report providing detail for each of the population groups included in the study. In Section Two, capsulized versions of the prioritized recommendations presented in the report are provided along with references to a more detailed discussion of each.

SECTION 1: Report Summary

Part I. Background Research and Community Demographics

This Part I of the report offers the reader a "big picture" perspective of Surprise and provides the foundation for examining the current needs for human services within the community. The majority of Surprise residents are experiencing a quality of life envied by many other communities of equal size while facing the challenges of record-breaking rapid growth in recent years. This suburban community has been recognized with multiple awards and has received a number of positive accolades. The assessment began by defining a more in-depth context of the city through a statistical review of the Surprise demographics that defined the people who live there: a mean household income above the average in Arizona, a median age of 41.3 years (with a significantly larger number of senior residents than surrounding communities), higher levels of educational attainment for the majority than the average in Arizona, with a shortage of affordable housing and above-average home prices valued in excess of $260,000.

For the less visible part of the population made up of more than one-third of Surprise residents experiencing struggles and grave challenges, the needs are palpable. The demographics for this segment of the population present a stark contrast to the majority of Surprise residents doing well: more than 12,500 residents living below the federal poverty threshold, eleven schools in the Dysart Unified School District with over 50 percent of students qualifying for the federal free/reduced lunch program for children of low income families, over 3,000 residents with less than a 9th grade education and more than 7,400 residents having some high school education with no degree or GED, more than 17,000 residents with disabilities/special needs, an average of more than one call to the Police Department each week for suicides or attempted/threatened suicides, 2.9 sexual assault calls and 12 domestic violence calls per week, and 6 drug use arrests and 4 DUI arrests each week. The statistics provide numbers; the following sections of the report tell the stories of the people. Unfortunately, these segments of the Surprise population are not often reached except through this type of community dialogue, and most do not respond to resident surveys due to being homeless with no mailing address, focusing on the immediate crises of their lives, experiencing disabilities that require representation by advocates, or having language challenges.

Part II. Human Services Needs Assessment Methodology and Definitions

Part II describes the research design and methodology used to get in touch with the needs of the community and to gather both relevant statistical information and the stories of those in critical need of human services through a process of extensive community outreach. Utilizing a multi-method research approach for simultaneously gathering data and validating each arm of the methodology, two experienced Ph.D.-level researchers brought a broad range of experience and expertise to the effort. The multiple prongs of the research study included the following targeted samples: 1) the collection of detailed information from 190 Surprise human service recipients, service providers and key community stakeholders utilizing in-depth, personally-proctored and electronic survey questionnaires; 2) nine focus groups attended by 81 diverse participants who receive or need human services; 3) a focus group including 43 human services providers representing the specific population groups included in the study, as well as discussions with 39 participants in four group interviews; 4) in-depth structured interviews with 28 individuals from the community, paying special attention to information about human services groups with less representation in the research process and any potential emerging groups; and 5) a community forum convened for clarification and corroboration of information gathered throughout the process to further support prioritization of strengths, gaps, and recommendations for inclusion in the

final report. Within the forum attended by 140 individuals from the human services community, the faith community, concerned Surprise residents, and community advocates, the I&E Consulting research team reviewed preliminary findings and a sampling of recommendations for further discussion and input. In addition, the Mayor, Vice Mayor, two City Councilmembers, and several members of the Veterans, Disabilities, and Human Services Commission participated.

This section of the report also includes the all-important definitions that underpin the research, including definitions of human services, the human services community, and each of the population groups included in the study. Although the reader may feel comfortable in defining most of these groups, the nuances of the definitions are important to understand the breadth of the groups as well as the depth. (Definitions of these groups can be found on pages 32-39.)

Part III. Surprise Needs Assessment Data and Findings

Part III of the report is considered to be the most important section for anyone to read who considers Surprise their home—no matter which segments of the population apply to the reader. "Community outreach" toward individuals and families within the six originally-designated population groups of Surprise residents and potential emergent groups, credible research into their realities, and "community input" from residents sharing their personal stories were a key part of the mandates for the study as expressed in the RFQ.

Any abbreviated summary of this section of the report has the potential of doing damage to the integrity of the research—diminishing the stories and critical needs of neighbors into raw statistics. The richness of the results of the research provide the reader with: an experiential perception that rates the adequacy of 50 specific human services offered to service recipients within the six population groups; a survey of the quality of human services available to Surprise residents, including the greatest strengths and largest gaps in human services within Surprise; prioritized lists of strengths and challenges by population group; the opportunity to hear the voices of neighbors through relevant poignant quotes; and the validation and support expressed by community stakeholders, Surprise leaders/officials, service providers and members of faith communities. For these reasons, the only portion of the data and findings that will be shared as a part of this Executive Summary is the rank ordering by the community of where additional resources are needed most critically and the inclusion of an emerging group of critical needs identified through the research process. The survey responses gathered clearly divided the ranking of the six population groups into two tiers of services, confirmed by qualitative responses to the survey and in the focus groups and interviews. Based on the sample mean for each group, the population groups in the First-Order Tier for additional human services needed in Surprise were ranked within one-tenth of a point of each other. This First-Order Tier represents those individuals and families/youth whose needs are most immediate and urgent, often involving threats to safety or health as well as struggling to meet basic human needs, e.g., food, shelter, and clothing. The Second-Order Tier breaks away significantly from the previous tier while remaining closely related to one another statistically. (Other possible emerging groups are listed in the order of frequency mentioned on page 55.):

First-Order Tier for Additional Human Services Needed in Surprise

1. *Low to moderate income individuals and families/youth*
2. *Homeless individuals and families/youth*
3. *Individuals with disabilities/special needs*

Second-Order Tier for Additional Human Services Needed in Surprise

4. *Seniors (over 62 years of age)*
5. *Veterans*
6. *Victims of violence (domestic, sexual, hate crimes)*

Human Services Group Emerging from the Needs Assessment Research

The research design and methodology provided for a process to identify any emergent population group in need of services, in addition to the six groups clearly identified in the RFQ. One such group emerged as a significant, separate population group entitled to its own designation as a seventh group in terms of the need for additional services:

7. *Individuals with mental health, behavioral health, substance abuse, and/or health care treatment needs*

The participants in the needs assessment process are adamant in their expression that *all* of these groups are in need of additional services and they cannot, in good conscience, suggest that one group should be "robbed" of resources to serve another. (This section of the report is a "must read" for anyone who truly wants to know about a wide variety of needs that exist within Surprise and can be found on pages 41-73.)

Part IV. Priorities and Recommendations

This section of the report provides the reader with several important pieces of the study, including a prioritized list of recurrent needs common to all population groups, a prioritized list of services needed by each of the seven population groups (including the new emerging group listed above), prioritized recommendations and best practice strategies to address the gaps, and prioritized suggestions for local and/or regional partnership strategies. In addition, the I&E team has taken the initiative to offer some tough questions related to moving forward from the identification of needs to meeting those needs, as well as recommendations for further research. (This section of the report can be found on pages 75-91.)

Two critical pieces to note are the prioritized list of recurrent needs common to all population groups and the prioritized list of needs for added services by population group. Both provide a foundation for the abbreviated list of recommendations offered in Section 2 of the Executive Summary. First, the prioritized list of recurrent needs common to all population groups. These universal gaps are considered critical within each of the population groups below and are considered a first priority in each case:

1. *Response to those individuals and families in immediate, urgent need*
2. *Need for a coordinated system of community partners working together to address immediate, urgent needs using a community-based human services delivery model*
3. *Access to mental health, behavioral health, substance abuse, and health care treatment services*
4. *Solutions to local transportation needs*
5. *Additional safe, affordable housing options*
6. *Awareness/communication of available services*
7. *Enhanced planning for community building, collaboration, and partnership communication*
8. *Employment (for most population groups)*

Next, the prioritized list of needs for added services by population group:

1. ***Individuals with mental health, behavioral health, substance abuse, and health care treatment needs <u>across all population groups</u>***
    a. *Access to assessment and treatment services*
    b. *Affordable counseling and continued recovery assistance*
    c. *Safe, accessible housing (in this population group, housing also includes residential treatment services, as needed)*
    d. *Linkages and access to additional affordable, more immediate healthcare services including prevention (e.g., yearly exams), basic health care needs, and specialized health circumstances (e.g., injuries or disease).*
2. ***Low to moderate income individuals and families/youth***
    a. *Basic human needs and preventive emergency assistance (including clothing and medical care)*
    b. *Safe, affordable housing/shelter*
    c. *Housing advocacy, e.g., to avoid homelessness caused by excessive rent increases beyond the ability to pay and to monitor unsafe housing conditions*
    d. *Employment and trades assistance (including eliminating long service wait times for employment services)*
    e. *Opportunities for education*
    f. *Affordable, safe child care*
    g. *Re-entry services for previously incarcerated individuals*
    h. *Budgeting/financial, credit repair, and computer literacy*
3. ***Homeless individuals and families/youth***
    a. *Safe emergency housing, especially for the most vulnerable*
    b. *Basic needs like safety, water, laundry and shower facilities, restrooms, storage lockers, heat relief, clothing/shoes*
    c. *Mobile clinics to meet all health needs*
    d. *Rental and legal assistance*
    e. *Job opportunities*
    f. *Transitional assistance*
    g. *Foster youth assistance for young people aging out of the system*
    h. *Compounded crisis assistance*
4. ***Individuals with disabilities/special needs***
    a. *Community integration (accessible resources, housing, employment, transportation, wheelchair accessibility)*
    b. *Affordable disability/personal care assistance*
    c. *Assistance in accessing services*
    d. *Respite for special needs caregivers*
    e. *Transition assistance (different ages and stages)*
    f. *Health concerns due to anxiety, fear, stress, and prescription drugs*
5. ***Seniors (over 62 years of age)***
    a. *Budgeting for housing v. health care*
    b. *Transportation assistance specific to the unique needs of the elderly*
    c. *Dementia services*
    d. *Community building/engagement to meet socialization needs for those living alone*
    e. *Grief and loss support*
    f. *Vetted in-home care*
    g. *Additional socialization and learning activities*
    h. *Assistance for elder abuse*

   i. *Trusted navigators to walk seniors through unfamiliar experiences*
   j. *Grandparents raising grandchildren*
   k. *Safe housing advocacy*

6. ***Veterans***
   a. *Advocacy for accessibility and qualification for services*
   b. *Specific health challenges (PTSD, Military Sexual Trauma, prescriptions/substances, moral injury)*
   c. *Health care not met by VA services*
   d. *Family support assistance*
   e. *Navigation of transitional support resources*
   f. *Budgeting/financial literacy*
   g. *Financial challenges*
   h. *Homelessness*

7. ***Survivors of violence (domestic violence, sexual assault, and hate crimes)***
   a. *Advocacy for victims of domestic violence to identify the violence in order to receive services*
   b. *Sexual assault resources*
   c. *Short respite period for healing/coping*
   d. *Trauma counseling*
   e. *Emergency housing and response to immediate/urgent needs*
   f. *Faith community connection*
   g. *Intermediary for joint custody drop-offs*
   h. *Transportation to safety*
   i. *Financial assistance for daily needs and child care for work*

The second section of this Executive Summary will attempt to offer the reader an abbreviated summary version of the prioritized recommendations suggested for addressing the needs identified throughout the research process. However, as is often the case with abbreviated summaries, the full intent of the recommendations will require a more thorough reading of the report.

SECTION 2: Abbreviated Summary of Prioritized Recommendations and Strategies

Recommendation # 1. Revisit the criteria for FY2019/2020 Surprise city grant funding for human services to reflect the assessment-identified prioritization of needs for all human services population groups. *(See pages 80 for more detail)*

- Make the Surprise Human Services Needs Assessment visible and accessible as a link on the Surprise.gov web site to acknowledge the needs/gaps identified through community input.
- Make relevant portions of the assessment available at requested community sites where internet is not prevalent (e.g., Senior Center).
- Develop a new plan for FY 2019/2020 in which Surprise providers are asked to offer specific responses to the identified needs/gaps outlined in this needs assessment report.
- Evaluate providers on the basis of their plans for increasing and mobilizing volunteer efforts within the community.
- Consider the possibility of providing funding for capacity building and partnership development.

Recommendation # 2. Develop a strategic plan to build a "community-based human services delivery model"—a system of community partners with defined roles, working strategically together, to address immediate and urgent basic human needs for individuals and families residing in Surprise and for homeless individuals in Surprise (housing, food, safety, clothing, and health care for individuals of all

ages and families in crisis, including youth), always with an eye toward planning for long-term critical needs. *(See pages 81-82 for more detail)*

- Develop an emergency hotline/referral system for individuals identified with the most basic, urgent, and immediate needs.
- Create a simple, organizational structure chart that lists services for each of the seven population groups, including appropriate points of contact for each service.
- Continue to develop the regular presence of human services providers in the Resource Center with a focus on the priorities identified by this needs assessment, including set hours of operation in lieu of office hours by appointment.
- Provide access to critical services in satellites throughout the city that are accessible to those in need.
- Expand the critical work being offered by the existing Surprise crisis response team.
- Provide resources for effective implementation of the newly-formed West Valley Interfaith Homeless Emergency Lodging Program (I-HELP) model.
- Create a new Community Human Services Volunteer Coordinator position in the Resource Center (preferably a certified MSW counseling professional) to develop and enlist community partners in creating the new community-based human services delivery model.

Recommendation # 3. Develop an awareness/communication plan immediately to publicize existing services in Surprise and those accessible in nearby communities. *(See pages 82-83 for more detail)*

- Provide guided training for referral of resources for city employees in all departments, faith communities, nonprofit providers, volunteers, and pertinent community members to close the awareness gap.
- Develop an extensive community-wide campaign to raise awareness of available services and resources in Surprise.
- Create a mechanism for ongoing communication among human service providers (nonprofit providers, city providers, schools, and faith communities), city staff, and the community-at-large to raise awareness of the existence of and quality of services offered within Surprise and nearby communities.
- Expand the Resource Center as a one-stop center to provide enhanced awareness and referrals.

Recommendation # 4. Continue to pursue the development of additional safe, affordable housing and emergency/transitional housing, including a plan to establish a housing advocate to inspect unsafe housing conditions and excessive rent increases that put individuals and families at risk of homelessness. *(See page 83 for more detail)*

- Identify a plan to assist those who are “cost burdened” and are currently living in an at-risk status for homelessness and other crisis circumstances.
- Provide emergency short-term temporary shelter assistance funding for homeless, low to moderate income individuals and families, and victims of violence.
- Call for a careful analysis of the possibility for developing low-cost options (such as additional specialized I-HELP programs) for the most vulnerable.

Recommendation # 5. Develop a community-wide coordinated program for treatment/counseling for individuals in need of mental health, behavioral health, substance abuse, and health care treatment services (includes a referral option for public safety, providers, schools, faith communities, and families in crisis). *(See pages 83-84 for more detail)*

- Implement a consortium of services (including referrals, coordinated discharge meetings, and post-treatment follow-up) to develop critical services.

Recommendation # 6. Develop short-term and long-term solutions to transportation to include a free (or almost free) public transportation system modeled after other communities in the metropolitan area. *(See pages 84-85 for more detail)*

Recommendation # 7. Create a plan for community building, collaboration, and enhanced partnership communication strategies to raise awareness of the needs and corresponding opportunities to provide assistance, with a first priority focus on the untapped area of the private sector. *(See pages 85-86 for more detail)*

Recommendation # 8. Continue pursuit of strategic priorities to bring more jobs, trade programs, tech jobs, and higher wages to Surprise while creating more expanded opportunities for skills training and jobs at a livable wage for unskilled and underemployed workers. *(See page 86 for more detail)*

Recommendation # 9. Revitalize the original Surprise town site. *(See page 86 for more detail)*

- Develop parks and revitalize the community center to bring amenities closer to those living in the neighborhood.
- Create a vibrant historic town center in keeping with the character of Surprise and the research literature that equates successful cities with pouring attention, resources, and creativity into small businesses, entertainment hubs, training centers, and core services at the town center through private-public partnerships.
- Provide remodeling options for homes in disrepair.

Recommendation # 10. Implement staff and volunteer training for human services sectors to include a menu based on clients served *(See pages 86-87 for more detail)*

Recommendation # 11. Prepare now for the aging of Surprise residents to be ready to meet the human services needs of increasing numbers of seniors, projecting future needs and resources over the next five years. *(See page 87 for more detail)*

Recommendation # 12 Create a plan for community integration for individuals with disabilities/special needs. *(See page 87 for more detail)*

Recommendation # 13. Engage in bold strategies to make Surprise a premier model for veteran services and partnership building to assist with advocacy and identification of accessible, affordable resources. *(See pages 87-88 for more detail)*

Recommendation # 14. Focus on utilizing Surprise libraries as additional hubs for cost-effective service delivery by drawing on services and coordination already funded and budgeted and adding prioritized resources for services. *(See page 88 for more detail)*

Recommendation # 15. Set weekly office hours in the community to facilitate mobile services and community integration. *(See page 88 for more detail)*

Recommendation # 16. Follow up on the momentum established through the community forum, honoring the thoughtful input of community members through a careful review and consideration of suggestions and offers of assistance shared. (*A complete summary of thoughts and ideas captured in the forum can be found in Part III of this report in the section entitled "Input from the Community Forum."*)

Part I
Background Research and Community Demographics

Human Services & Community Vitality in Surprise–
A Community That Cares...

Purpose. In recognition of the rapid growth of the City of Surprise, city officials expect to "continue to grow but to do so thoughtfully." Burgeoning growth in the West Valley has led, as one would anticipate, to an increase in the number of residents needing basic human and social services. In recognition of these growing needs, the Surprise Human Services & Community Vitality Department (HSCV) was established in 2015 to strengthen community, nonprofits, and government partnerships to better serve Surprise residents. The City is committed to meeting the needs of the community "one interaction, one relationship at a time" and to offer City employees complete flexibility to innovate, take risks, and do what is needed to get the job done.

One of the ways in which the HSCV department took action to obtain reliable information about the scope and depth of the needs of residents is through the commissioning of this human services needs assessment research study. The call for a needs assessment can differ in focus, but consistently it can be defined as a process used by an organization to determine the needs and gaps, related to a particular set of current conditions and a desired state to be achieved. The general needs assessment process includes determining where you are and where you want to be by gathering, organizing, and analyzing data to identify the existing strengths and gaps, opportunities and resources, in this case within the City of Surprise, in order to make recommendations for a plan of action to address the needs and close the gaps in the future. In this current project launched by the HSCV department within the City of Surprise the current conditions to be assessed include the availability and delivery of useful human social services and resources to adults, children, and families in need within the City.

This community human services needs assessment is the first of its kind for the City to be commissioned in conjunction with the City's Veterans, Disability and Human Services Commission (VDHS) and the City Council for use in the City's planning process. The assessment requested would include but not be limited to long-term and short-term goals, program and fiscal considerations, prioritization of needed services, and program/resource decision making. The community needs assessment will assist the VDHS Commission in aligning a strategic plan with the identification of data-driven needs and opportunities. The initial population groups the City chose to explore as a part of this study to determine the human services needs in Surprise are as follows (in alphabetical order):

- Homeless individuals and families/youth
- Individuals with disabilities and special needs
- Low to moderate income individuals and families/youth
- Seniors
- Survivors of Violence (domestic, sexual, and hate crimes)
- Veterans

Through this needs assessment process, the City of Surprise is demonstrating a commitment to the standard that consistently sets the vision for the Surprise community….

A Community That Cares!

Through the commissioning of this systematic assessment of the human services needs of Surprise residents, the City is taking a proactive step forward to identify the scope of the needs that exist in the community, the human services currently available within Surprise and the surrounding communities that are accessible and affordable to residents, any gaps or areas of improvement in the provision of human services that may exist currently or are likely to emerge in the future, the greatest needs that currently exist for residents, and an initial exploration of how to address those needs through local resources and/or regional partnerships. In addition, the understanding was that throughout the needs assessment process the possibility may arise that other population groups or areas of significant needs within the community may emerge and would be included within the study.

Surprise Early Beginnings. The City of Surprise website shares an historical anecdote that belies the reality of the City today:

> *Our city was just one square mile of farmland back in 1938 when Flora Mae Statler founded it. So why did she call us Surprise? According to Statler's daughter Elizabeth Wusich Stoft, her mother once commented "she would be surprised if the town ever amounted to much."*

As the City comments, "she would indeed be surprised and proud" as the Phoenix area has watched Surprise grow into Arizona's 10th largest city, far surpassing the expectations of its founder.

Surprise's Position in the West Valley and the Greater Phoenix Area

Surprise Population Rank and Growth. Over the past four years "growth" has been one of the key topics associated with the geographic area in and surrounding Surprise. Some of the statistics presented by a variety of sources include the following:

- In 2016, WalletHub designated Surprise as #5 among the fastest-growing mid-size cities in the U.S. with more than 50,000 residents, using a methodology incorporating 14 metrics to identify the most growth between 2009 and 2015, including measurements such as college-educated population growth and unemployment rate decrease.
- Phoenix (the hub of the Greater Phoenix Area) was cited by the U.S. Census Bureau as the fastest growing city in the U.S. between July 2016 and July 2017 and the second-fastest between 2017 and 2018.
- During that same period in 2018 neighboring Buckeye was named by the Census Bureau as the fifth-fastest growing city among cities with more than 50,000 residents.
- In 2018, Arizona was designated as the fourth-fastest growing state in the U.S., and Phoenix remained the second-fastest growing city.
- In April of 2019, AZ Central reported that for the third year in a row "more people moved to Maricopa County than any other county in the nation last year, according to U.S. Census Bureau population estimates released recently." Maricopa County is the fourth most populous county in the country.
- By May of 2019, Phoenix returned to the fastest-growing city in the country according to estimates from the U.S. Census Bureau.
  Source: U.S. Census Bureau's "2017 City/Town Population and Housing Unit Estimates"

As the population of Arizona and Phoenix has continued to experience rapid growth, the West Valley has been subject to the pains of many other large metropolitan areas in which the cost of housing in the

core of the metropolitan area (Phoenix) has risen to a point that people find it necessary to commute further to find the home they prefer at a price they can afford. The Maricopa Association of Governments (MAG) was quoted as saying that "over the next 25 years, about 50 percent of the growth in Maricopa County will be in the West Valley." [yourvalley.net, April 9, 2019] Liz Recchia, government affairs director for West Maricopa County Regional Association of Realtors, was also quoted in *Your Valley* newspaper on June 13, 2019, saying that the West Valley is transforming from a very large bedroom community for Phoenix to an employment center with residential, retail, and amenities to serve the population, and the surrounding cities have been collaborating in terms of regional economic development to foster growth in employers, infrastructure, jobs, infill, and housing. These are all costly and time-sensitive commitments. Beyond these considerations, Surprise understands that these cities will be required to add social services to meet the needs of its residents as its population grows.

This reported level of growth in population defines many of the tasks before Surprise, but planning cannot move forward without a complete understanding gained by a closer look at the West Valley of which it is a part. What precisely is its position in that regional grouping of cities? In addition, as recent studies have shown that the character of an urban place can be almost equally derived from social as well as physical qualities, when more people are introduced to an area a significant potential exists for the nature of the place to change, thus the need to also consult population density. Combining an overview of cities within the West Valley with a review of the current growth of East Valley cities that were designated "fastest growing cities" 10 years ago may help in providing a point of reference for the future.

Table 1. Surprise Population Relative to the U.S., Arizona, and Other Comparable Communities

Community	US Rank	Arizona Population Rank*	2018 Population Estimate**	Growth 2000-2017	Population Density (people/sq mi)	AZ Density Rank
Surprise	203	10	138,161	314.5%	1,111.3	35
Avondale	402	13	85,835	125.5%	1,672.0	23
Buckeye	525	17	74,370	601.5%	135.6	90
Glendale	87	5	250,702	11.2%	3,780.2	6
Goodyear	431	14	82,835	306.6%	340.9	74
Peoria	153	9	172,259	51.5%	883.4	49
Chandler	84	4	257,165	41.1%	3,665.8	7
Gilbert	91	7	248,279	106.5%	3,067.2	10
Mesa	36	3	508,958	23.2%	3,217.5	8
Scottsdale	85	6	255,310	22.3%	1,182.0	30
Tempe	133	8	192,364	16.4%	4,050.2	4

Sources: Biggestuscities.com, 2018, last updated July 2, 2018
*United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018
**United States Census Bureau, 2018 Population Estimates, December 19, 2018

Surprise Household Economic Overview. The average income per capita within Arizona is $27,964 and average income per household is $73,735. Within the State of Arizona, the number of people living below the poverty line is 17.0 percent. These figures compare nationally at an average U.S. income per capita of $31,177 and an average U.S. household income of $81,283, with 14.6 percent living below the poverty line in the U.S.

The data presented in Table 2 reflects a relatively healthy economic environment for Surprise residents by comparison, 9.1 percent living below the poverty threshold compared to 17.0 percent for Arizona as a whole. However, a snapshot that depicts a population density likely to increase, coupled with low income for an estimate of more than 12,500 residents, begins to create a framework for the need to address the circumstances among economically disadvantaged residents. For those individuals and families living below the poverty threshold, connecting with the assistance they need is critical to their ability to attain the most basic quality of life and to gain stability. Not only is this a concern to a "Community That Cares," but an extensive 2013 research study conducted by McKinsey & Company ["How to make a city great" by Bouton et al] reveals that leaders of successful cities…

> *…find a balance between three areas. They achieve smart growth, which means securing the best growth opportunities while protecting the environment and ensuring that all citizens enjoy prosperity. They do more with less. And they win support for change by delivering results swiftly.*

One caution is that the statistics in Table 2 generally do not include some number of less visible homeless and at-risk individuals and families within the calculation, and therefore the percent of residents living below the poverty threshold is likely understated.

Table 2. Surprise Income Demographics Relative to Surrounding West Valley Communities

City/Town	Income per capita	Mean Income per household	Income below poverty threshold
United States	$31,177	$81,283	14.6%
Arizona	$27,964	$73,735	17.0%
Surprise	$28,388	$74,992	9.1%
Avondale	$21,899	$67,119	16.3%
Buckeye	$21,251	$73,001	12.9%
Glendale	$23,496	$65,713	20.3%
Goodyear	$30,893	$92,772	8.7%
Peoria	$31,796	$86,245	8.2%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

A closer look at the poverty statistics for Surprise households presented in Table 3 offers greater detail related to the demographic categories experiencing a greater representation living below the poverty threshold in Surprise than the 9.1 percent calculated for the general population. [More detail on the households living below the poverty level is provided in Part II of this report under the discussion of Low to Moderate Income Individuals and Families.]

In addition, no economic overview for this given community would be complete without taking a closer look at the levels of unemployment/underemployment and more detail about the level of need experienced in a significant number of Surprise households. The unemployment rate in Surprise is reported by the Census Bureau at 6.7 percent (compared to an Arizona unemployment rate in the same American Community Survey of 6.6 percent). However, 8.3 percent of the individuals in the civilian labor force in Surprise are living below the poverty level, most of those working part-time. Another consideration is the differential between the median earnings of men and women working full-time, year-round—the median income for males is $51,527 while the same statistics for women is $41,102.

Table 3. Detail on Individuals Below the Poverty Level in Surprise

Categories of Individuals with Greater Representation than the 9.1% of the General Population Living Below the Poverty Threshold	Percent below poverty threshold
Children under 5 years	16.3%
5 to 17 years	11.4%
18 to 34 years	11.3%
Women	10.1%
Less than High School Graduate	13.8%
High School Graduate (includes equivalency)	11.7%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Surprise Youth Eligible for the National School Lunch Program. A standard measure of socioeconomic challenges is the number of students eligible for free and reduced lunches through the National School Lunch Program, a federally assisted meal program providing nutritionally balanced, *free* lunches for children from families whose incomes are at or below 130 percent of the poverty level. The U.S. Department of Agriculture, Food and Nutrition Service, reports that children from families with incomes between 130 percent and 185 percent of the poverty level are eligible for *reduced-price* meals, for which students can be charged no more than 40 cents. (For the period July 1 through June 30, 130 percent of the poverty level is $33,475 annual household income for a family of four; 185 percent is $47,638).

After school snacks are provided to children on the same income eligibility basis as school meals. The afterschool snack component of the National School Lunch Program (NSLP) is a federally assisted snack service that fills the afternoon hunger gap for school children. The snack service is administered at the Federal level by USDA's Food and Nutrition Service. At the State level, it is administered by State agencies, which operate the snack service through agreements with local school food authorities (SFAs). SFAs are ultimately responsible for the administration of the snack service.

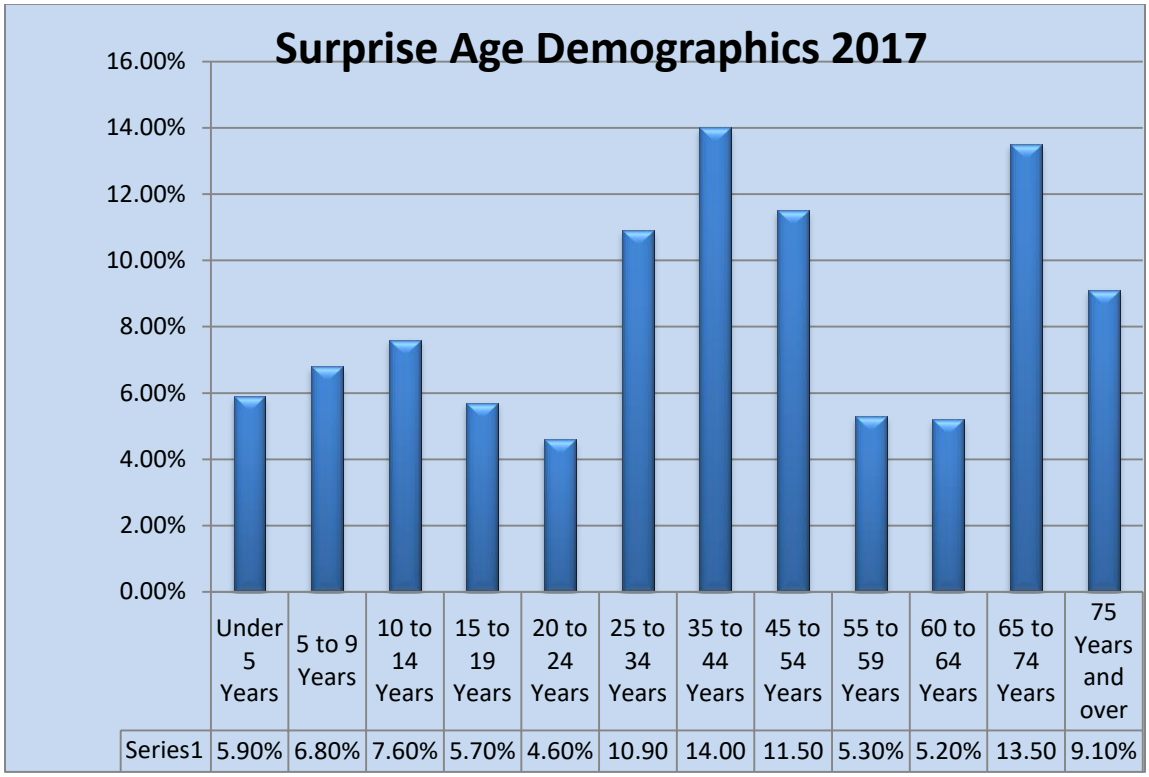
The NSLP Afterschool Snack Service offers cash reimbursement to help SFAs provide a nutritional boost to children enrolled in afterschool activities. Participating SFAs receive cash subsidies from the USDA for each reimbursable snack they serve (up to one reimbursement per participant per day). In return, they must serve snacks that meet Federal requirements and must offer free or reduced-price snacks to eligible children.

In order for the afterschool care program to be eligible, it must provide organized, regularly scheduled activities in a structured and supervised environment, including an educational or enrichment activity. Examples of eligible activities include homework assistance, tutoring, supervised “drop-in” athletic programs, extended day programs, drama activities, and arts and crafts programs. Organized interscholastic programs or community-level competitive sports are not eligible to participate.

The Arizona Department of Education publishes annual data for the number of students approved for free/reduced lunches by individual school as of October 31 of each school year. The data reported by the School Food Authorities for the month of October, Calendar Year 2018, for School Year 2019, records eleven schools in the Dysart Unified School District with over 50 percent of its students eligible for free/reduced lunches.

Surprise Age Demographics. A perspective on the varied needs of the community is highlighted by a visual examination of the age demographics for Surprise that present a multi-generational picture of a family community with a median age of 41.3 years, compared to the Arizona median age of 37.2 years. The number of 35 to 44-year-olds is similar to the number of residents ages 65-74 (See Figure 1). Residents in their prime working years of 25 to 54 are closely related in number to both the group of residents 24 years of age and younger and the group 55 years of age and over. However, while youth 19 and under and seniors within the Surprise population are relatively equal in size, the number of residents 65 and older in Surprise is considerably higher than the surrounding West Valley communities and the Arizona average of 16.2 percent for ages 65 and over.

Figure 1. Surprise Age Demographics



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

In the *2013-2017 American Community Survey 5-Year Estimates* the senior group represents over 31,000 Surprise residents 65 years of age and over, including more than 2,600 elderly aged 85 and older. Over 14,000 seniors reside in Sun City Grand subdivision, a community within the City of Surprise for individuals ages 45 and over. The need for services across a broad spectrum, especially for seniors and the elderly, will continue to rise over the next several years as the community continues to grow, presenting a clear signal to consider engaging in planning today in order to meet those needs. The age demographics of West Valley communities vary in some subtle but characteristic patterns. In addition, two major “census-designated and unincorporated senior living communities in Maricopa County” border Surprise. Sun City's estimated population was 37,499 in the 2010 census, and Sun City West had a designated population of 24,535 in 2010. These communities are not reflected in Table 4 below.

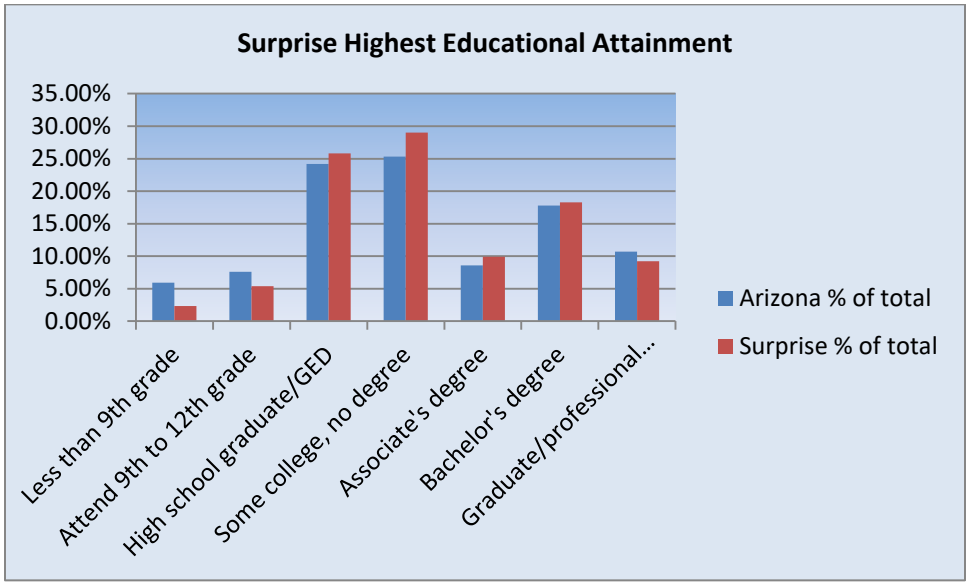
Table 4. Surprise Age Demographics Relative to Surrounding Communities

City/Town	Age 19 and Under	Median Age	65 or Older
Surprise	26.0%	41.3	22.6%
Avondale	31.9%	31.0	7.4%
Buckeye	31.0%	33.5	10.2%
Glendale	29.3%	33.9	11.0%
Goodyear	27.6%	37.1	14.6%
Peoria	27.3%	39.5	15.9%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Surprise Education Demographics. Another aspect of analysis within the community examines a link well documented throughout socioeconomic research that reflects an overall higher level of prosperity in Surprise than throughout the state and surrounding communities, the link between fewer residents living below the poverty threshold in Surprise and higher levels of educational attainment (See Figure 2).

Figure 2. Surprise Highest Educational Attainment



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Table 5. Surprise Education Demographics Relative to Surrounding Communities

City/Town	High School Graduate or Higher, percent of persons age 25 years+	Bachelor's degree or higher, percent of persons age 25 years+
Surprise	92.2%	27.5%
Avondale	81.7%	18.2%
Buckeye	84.8%	17.3%
Glendale	83.4%	21.4%
Goodyear	91.7%	29.9%
Peoria	92.7%	31.0%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

One caution is that such a focus on overall levels of educational attainment for some residents can lead to studies that understate the severity of the situation for those lacking basic human needs. For example, the *2013-2017 American Community Survey* states that within Surprise:

- 12.4 percent of the youth under 18 years of age residing in Surprise are living in households whose income in the past 12 months is below the poverty level.
- 16.3 percent of all children under 5 years within Surprise reside in households living below the poverty level, with as many 38.3 percent of children under 5 years living in a home headed by a female householder (no husband present) living below the poverty level.
- 5.2 percent of individuals 65 years and over are reported to be living below the poverty level.

The perspective related to educational attainment in Surprise, although positive when compared with surrounding communities, does not equal the higher levels of college-educated individuals residing in other parts of the greater Phoenix area. These data are not only closely linked to relatively lower income levels but could limit the ability for Surprise to attract businesses desiring a college-educated workforce. The efforts of City planners to develop partnerships with colleges and universities to offer the presence of educational opportunities near home are to be commended.

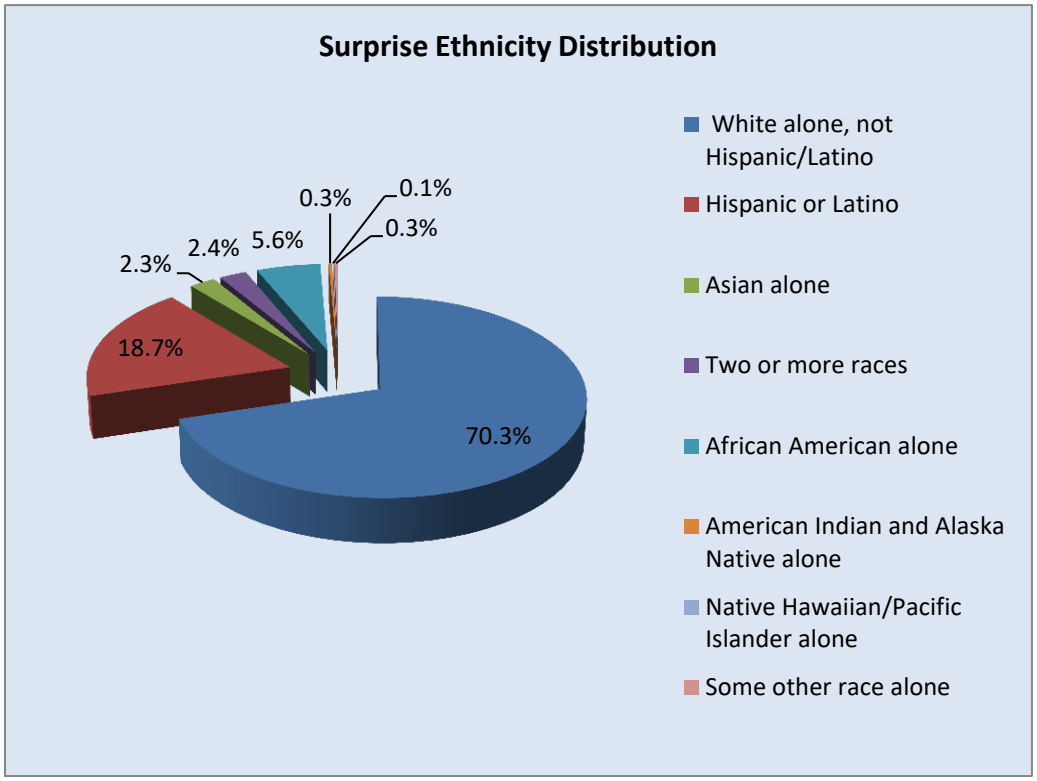
Surprise Ethnicity Distribution. Currently the ethnicity distribution within Surprise differs significantly from the distribution for Arizona as a whole, with approximately 15 percent more residents reported as being of White descent alone. The most recent U.S. Census Bureau 5-Year Estimate reports approximately 12 percent less residents of Hispanic or Latino descent as compared to the Arizona population distribution (See Table 6 and Figure 3).

Table 6. Comparison of Surprise Ethnicity Relative to Arizona

Ethnicity	Surprise	Arizona
Non-Hispanic White alone	70.3%	55.6%
Hispanic or Latino	18.7%	30.9%
Asian alone	2.3%	3.0%
Two or more races, not Hispanic or Latino	2.4%	2.2%
Black/African American alone	5.6%	4.1%
American Indian alone	0.3%	3.9%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.2%
Some other race alone	0.3%	0.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Figure 3. Surprise Ethnicity Distribution



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The same U.S Census Bureau source reports on the primary language spoken in the home. (See Table 7)

Table 7. Primary Language Spoken in the Home of Surprise Residents Relative to Arizona

Language Spoken at Home	Surprise Residents	Arizona Residents
English	85.1%	73.0%
Spanish	9.9%	20.5%
Other Indo-European Languages	2.1%	1.9%
Asian and Pacific Islander Languages	1.6%	2.0%
Other	1.2%	2.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Surprise Residents who are Veterans. The City of Surprise expresses pride in being able to serve the men and women of the Armed Forces, both active duty and veterans. One way in which they do that is through a Veteran Job Club, where veterans provide active members of the military, veterans and their family members with industry and career pathway knowledge to help them gain skills they need to find employment and/or a new career path. In addition, in December of 2018 the City Council moved to form the new commission, the Veterans, Disability and Human Services Commission (VDHS). The former Disability Advisory Commission (DAC) transitioned into the new larger commission to assist in the development and/or expansion of city programming related to veterans, people with special needs, and those in need of general human services and workforce development—an ambitious and broad undertaking for this single commission. At that time, four additional seats were added to the commission to be filled by individuals representing veterans, their family members, and/or a veteran service organization. Veterans are represented in this needs assessment as one of the initial six groups

the City chose to include specifically as a part of the study to better understand their specific needs, needs also overlapping into other areas of the report. In close proximity to Luke Air Force Base, the U.S. Census Bureau *2013-2017 American Community Survey 5-Year Estimates* report 12.5 percent of Surprise residents 18 and over as civilian veterans compared to 9.4 percent in Arizona as a whole. While 8.1 percent of Surprise residents 18 years and over are reported by the Census Bureau to be living below the poverty threshold, only 3.3 percent of the veteran population in Surprise are living below the poverty level, according to the Census Bureau.

Table 8. Surprise Veteran Population Related to the Greater Population

Geographic Area	Portion of Residents age 18 plus	Female % of Veterans	Male % of Veterans
U.S.	7.7%	8.4%	91.6%
Arizona	9.4%	8.5%	91.5%
Surprise	12.5%	5.2%	94.8%
Avondale	7.6%	12.0%	88.0%
Buckeye	10.0%	10.6%	89.4%
Glendale	8.1%	9.2%	90.8%
Goodyear	12.3%	11.4%	88.6%
Peoria	10.0%	7.9%	92.1%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Table 9. Surprise Veteran Characteristics

Characteristic	Portion of Residents age 18 plus
AGE	
18 to 34	5.4%
35 to 54	17.4%
55 to 64	9.4%
65 to 74	30.8%
75 and above	37.0%
Ethnicity	
White alone, Not Hispanic or Latino	82.2%
Hispanic or Latino of any race	12.8%
Poverty Status	
Income in last 12 months below poverty level	3.3%

Source: United States Census Bureau, 2017 American Community Survey 1-Year Estimates

Surprise Residents with Disabilities/Special Needs. Another area identified by the City for inclusion in this needs assessment is that of individuals with disabilities or special needs. The U.S. Census Bureau provides data on the "Disability Status of the Civilian Non-institutionalized Population." However, this is an area of need that is a topic of debate in the medical and research communities and is believed to be consistently underreported. The working definition of "special needs individuals" used for the purposes of this report utilizes the broader definition that includes "persons experiencing chronic physical, mental, emotional or developmental impairment that results in marked and severe functional

limitations." Therefore, the data reflected in Table 10 below are likely to not represent the totality of the special needs within Surprise.

Table 10. U.S. Census Bureau Data for the Disability Status of the Civilian Non-institutionalized Population by Age (likely underrepresenting the extent of the totality of special needs)

Geographic Area	Portion of Residents	Under 18 years	Age 18 to 64	Age 65 and over
U.S.	12.6%	4.2%	10.3%	35.5%
Arizona	12.8%	3.8%	10.4%	34.5%
Surprise	12.5%	3.2%	9.2%	30.3%
Avondale	9.9%	3.4%	9.3%	41.2%
Buckeye	10.4%	2.9%	10.0%	33.0%
Glendale	12.6%	4.3%	11.5%	39.6%
Goodyear	8.1%	1.8%	7.2%	23.1%
Peoria	12.3%	3.3%	9.4%	37.2%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Table 10 provides a perspective on the scope of disabilities and special needs within Surprise, in all cases below the averages found within the State of Arizona. The data do not provide clear detail regarding the nature of the disabilities (physical, developmental, or mental/emotional). However, the disabilities identified among residents 65 years and over add emphasis to the overlap between the senior and disabilities/special needs population groups, as well as the call to project the needs for Surprise's aging population into future planning. When examining the subgroup of Surprise residents in the civilian population 18 years and over for whom poverty status is determined, 15.4 percent report a disability of some kind. In this subgroup 18 years and over for whom poverty status has been determined, 3.4 percent of those reporting some kind of disability in Surprise are veterans.

Surprise Mental Health and Substance Abuse Treatment Needs. Statistics obtained from Surprise police and fire records reveal a substantial need for a behavioral health treatment options for public safety officers to access when facing the challenges of serious mental health issues among Surprise residents on a daily basis. This critical need for mental health and substance abuse treatment arose repeatedly throughout the Surprise research process. Table 11 provides an overview of the reality in Surprise today:

Table 11. Surprise Mental Health Related Public Safety Calls

Mental Health Petition Calls	Public Safety Calls July 2018 – June 2019	Average Calls Per Week
Suicide Calls	12	0.2
Suicide Attempt Calls	64	1.2
Sexual Assault Calls	151	2.9
Sexual Assault Reports	19	.4
Domestic/Family Violence Fight Calls	649	12.0
Hate Crime Reports	3	0.05
Drug Use Arrests	302	5.8
DUI Arrests	222	4.2
Homeless Related Calls	38	.7
Child Abuse Calls	76	1.5
Elder Abuse Calls	8	.2

Source: City of Surprise Police and Fire Departments. July 22, 2019.

Surprise Accolades. As Surprise leaders work toward maintaining a positive quality of life for residents, the City has received a number of relevant positive accolades in recent years:

- Top Ten Safest City in the U.S. (*Parenting Magazine 2014*)
- Global City of the Year (*Global Chamber of Phoenix 2017*)
- Silver Award for Partnerships with Educational Institutions – Ottawa University (*International Economic Development Council 2017*)
- Bronze Award for Entrepreneurship – AZ TechCelerator (*International Economic Development Council 2017*)
- Bronze Award for Business Retention & Expansion – Single Event *(International Economic Development Council 2017)*
- Dementia Friendly City Proclamation *(City Council, September 2019)*
- A Golden Rule Community, in partnership with the Arizona Interfaith Movement (2017)

This Part I of the Surprise Human Services Needs Assessment project provided the background and set the stage for developing the research study designed to gather input and data from the human services community of recipients, service providers and volunteers. Parts II and III define the methodology and definitions for the study and report the input of human services recipients and providers as well as a cross-section of community leaders, stakeholders, and concerned citizens. Part IV sets forth the analysis of strengths, needs and challenges in terms of a series of recommendations for City Council consideration based on the research study.

Welcome to Surprise, we're glad you are here!

— Surprise City Council

Part II
Human Services Needs Assessment Methodology and definitions

Getting Started

On April 22, 2019, the City of Surprise issued an Informal Request for Quote (RFQ) through the Human Services & Community Vitality Department (HSCV) outlining requirements for consultant services from a qualified firm or individual with the capability to conduct a community human services needs assessment and simultaneously to provide support for the City of Surprise CDBG Consolidated Plan. The specific purpose of the research project stated in the RFQ was to gather and analyze assessment data to be used in the City's planning process. This called for the consultant to provide recommendations for future decision making, "including but not limited to long-term and short-term goals, program and fiscal considerations such as prioritized needed services, and program/resource availability." The RFQ identified six target population groups for study (in alphabetical order): homeless individuals and families, individuals with disabilities/special needs, low to moderate income individuals and families, seniors, survivors of violence (domestic, sexual, and hate crimes), and veterans. In addition, the RFQ set forth specific areas to consider as a part of the assessment, and they are identified and addressed throughout this report.

I&E Consulting, LLC, (I&E) initially responded to the Request for Quote on April 25, 2019. After a series of exchanges regarding an amendment to the RFQ distributed by the City on April 26, on June 6, 2019, I&E Consulting was awarded the professional services agreement to conduct the City of Surprise Human Services Needs Assessment. I&E Consulting assigned two doctorate-level researchers to the Surprise project to bring a broad range of expertise to the effort. Both served as project co-directors for research, analysis and synthesis. The assigned project leaders include:

- Lisa Armijo Zorita, Ph.D., Executive Director of I&E Consulting, LLC
- Linda M. Williams, Ph.D., Executive Director of IMI and Research Associate of I&E Consulting

Dr. Zorita and Dr. Williams previously conducted city human services needs assessments for Chandler, Gilbert, and Tempe in the East Valley.

HSCV department staff provided I&E Consulting with multiple pieces of existing data on the community's demographics and relevant reports on topics within the city from their research database; these data formed the basis for an examination of the current human services available to Surprise residents who come from the six identified human services population groups. The information provided set the foundation for the needs assessment data collection, research design, and methodology to better understand the unique characteristics of the Surprise population. Ultimately, over 45 documents and reports were reviewed and analyzed. The new data collected throughout the needs assessment process and detailed in this report provide Surprise with a fresh look at human services needs among its citizens, while engaging the entire community in providing input.

Research Design and Methodology

What is a Needs Assessment? The call for a needs assessment can differ in focus, but it can be defined as a process used by an organization to determine the needs and gaps as they relate to a particular set of current conditions and a desired state within the organization. In this current project launched by the Human Services & Community Vitality (HSCV) Department within the City of Surprise, the current conditions to be assessed include the availability and delivery of useful human social services and resources to adults, youth, and families in need within the City. The areas of need to be addressed specifically include homeless individuals and families, individuals with special needs, low to moderate income individuals and families, seniors, survivors of violence (domestic, sexual, and hate crimes), and veterans. The general needs assessment process includes determining where the City is currently, and where it wants to be, by gathering, organizing, and analyzing data to identify existing strengths, gaps, opportunities, and resources to make recommendations for a plan of action to address the needs and close the gaps in the future.

The published secondary research data available within the City (plus state, county, and census data for all cities in the West Valley) provided an understanding of demographic trends and population variables. These secondary data and contact with primary sources of Surprise data provided in Part I of the report were used in crafting a series of research tools tailored to the specific Surprise needs assessment project. The chosen multi-method research approach provided for simultaneously gathering data and validating each arm of the research methodology. The data reviewed were pertinent to the six population groups designated in the RFQ but extended beyond to the greater human services community. The research was always open to the identification of other significant emerging groups, such as individuals with mental health, behavioral health, substance abuse treatment, and/or health care needs, with the understanding that any emergent group may or may not relate to a need for being included in future human services city funding. This is an important distinction. This assessment is focused on recipients or potential recipients within the purview of its human services definition. This definition seeks to provide help to stabilize their lives through guidance, counseling, treatment, and the provision of resources to meet basic needs. More *specifically* this assessment included a requirement to review the provision of services through city funding opportunities and community partnerships. Therefore, the background research was important to refine the remainder of the process in the crafting of research tools, survey instruments, focus groups, and structured interview questions. The researchers assigned utilized all the data gathered for the comparison and synthesis of quantitative and qualitative results generated throughout the process.

Survey Instruments. Initially, the I&E Consulting research team anticipated collecting data from an estimated 100+ surveys to provide statistical reliability of results; in fact, the number of actual survey instruments gathered totaled 190. These survey responses provided a point of comparison and support for the focus group data and interview data to create a seamless response to the questions outlined in the RFQ. The survey questionnaires were administered to a targeted sample of members of the Surprise community in both a personally-proctored, controlled environment and through the use of carefully controlled electronic surveys. The personally-proctored surveys were completed in face-to-face interactions with focus group participants (human services recipients and those in need of services), nonprofit human services providers serving Surprise residents, City of Surprise providers of services (the Human Services & Community Vitality Department staff, including direct service providers; police; fire and medical rescue), individuals in targeted community gatherings relevant to this study or any emerging groups, and structured personal one-on-one interviews with service recipients, community leaders, and stakeholders. The face-to-face venue with individuals receiving (or in need of) human

services ensured consistency in the instructions given as well as a high response rate in the completion of questionnaires. The I&E Consulting experienced team members created an environment in which each respondent was made to feel safe enough to provide candid responses and ensured the protection of individual privacy. All materials were made available in both English and Spanish. Each focus group included the collection of survey data from all participants. I&E Consulting worked closely with representatives of the City of Surprise to identify multiple previously scheduled or regular gatherings of groups within the community that represent service providers, recipients associated with the target groups, and emerging groups for administering additional proctored surveys. Individuals from five sectors were invited to be a part of the process: the public sector, the business/private community sector (including recipients of human services and those in need of services in Surprise), the education sector, nonprofits/providers, and faith communities.

The electronic surveys were used to reach individuals who were either unable to attend the scheduled focus groups or community gatherings. In addition, electronic surveys were sent to a targeted sample of representatives from the private, public, faith, and education sectors. The targeted survey sample process for reaching community members was designed to gather quantitative and qualitative data from individuals more tangentially involved with the direct provision of human services in Surprise. Anonymous surveys allow researchers to gather more candid responses and yield concrete data—which can be adjusted to account for any underrepresented groups in the database. With survey research, respondents tend to provide more open and honest feedback, and the data collected is concrete and easier to analyze.[1] Reliability is a key factor in decision making. Surveys allow the researcher to choose a sample that best represents the larger population under study in order to provide greater confidence that the information gathered is an accurate representation of the larger community.[2] Surveys are particularly useful in understanding "what, how often, and to what extent" and to gather information from 100+ people, while focus groups and interviews offer meaningful answers to understand "how or why" and to "contextualize survey findings."[3]

The administration of surveys by mail or online is not highly successful in gathering detailed data to meet the needs of this type of project. Generally, the expected response rate for mailed or emailed surveys that are not too lengthy and within the range of interest of those surveyed does not exceed 30-40 percent and may be subject to bias and influence. Another caution about self-selected responses to general online surveys is to what extent the sample represents the population being studied, especially if demographic data are not included as a part of the survey. Some of the parameters difficult to discern are whether the online survey over-represents those individuals who are less personally in touch with the topic under study, less stressed by challenges requiring immediate attention, more vested in the outcome of the results, and/or less likely to be affected by limiting factors that can skew the responses, e.g., the time required for responding and the accessibility of the survey to all groups in need of human services. Therefore, an electronic version of the survey was emailed to a targeted sample of members of other sectors within the Surprise community to avoid the skewing of the statistical results of the survey.

The viable and in-depth survey instrument crafted by I&E Consulting researchers captured information critical to the various areas of focus within the needs assessment process. The resultant data were subjected to appropriate coding and statistical analysis. This instrument created a foundation for addressing potential gaps in human services by matching responses to specific population groups identified within the RFQ as well as identifying any emerging population groups for possible future research. Three versions of the survey instrument were created for the various groups to be addressed: one version for individuals who are recipients or in need of human services, one for providers of services, and an abbreviated version for community members from other sectors. The research team

understands the importance of not only gathering data from those who experience need daily but also from the community-at-large in order to discern the *perception or level of awareness* that exists among members of the community in which recipients reside. This perception can play a key role in the development of partnering arrangements and alternative funding sources.

In addition to the research team survey questionnaires, the City of Surprise offered an online survey for its residents similar to the I&E Consulting survey questionnaire but focusing on the data required for the Community Development Block Grant (CDBG) application for the City. Although the personally-proctored survey instrument was designed specifically to support the human services needs assessment process and provides richer, more rigorous research results for that purpose, both captured valuable quantitative and qualitative information relevant to this project. The data from these City CDBG surveys are referenced in this report under the section entitled "City of Surprise Sponsored CDBG Survey Results" along with a brief analysis of the comparative results.

The survey instruments designed by I&E Consulting research team members included the following information [See Attachment A for copies of the three research team survey instruments]:

- For non-recipients of human services, the affiliation with a human services agency serving the Surprise area, if any (either as a volunteer or employee), or with a particular sector of the community
- Descriptive information for recipients of human services pertinent to the six human services population groups targeted in the needs assessment (and other areas relevant to the human services community), as defined by the Request for Quote and consistent with the intent of the research project
- A rank ordering of respondent's perception/observation regarding the six human services population groups funded within Surprise from "greatest critical need for more services" (#1) to the "least critical need for more services" (#6) (population groups were listed in the survey instrument in alphabetical order as follows):
  - Homeless individuals and families
  - Individuals with disabilities/special needs
  - Low to moderate income individuals and families
  - Seniors
  - Survivors of violence (domestic, sexual, and hate crimes)
  - Veterans
- Identification of any social services utilized by the respondent during the past 12 months and/or reasons for not connecting with services needed
- Assessment of the adequacy of an extensive list of human service areas relevant to the population groups identified in the RFQ, specifically measuring the respondent's perception and personal experiences with each service she/he was "familiar with." Each service area was rated using the following perception—
  - "Happy with the services" (excellent);
  - "Some great, some not so good" (above average);
  - "Okay" (adequate/average);
  - "Some problems with services" (some gaps); or
  - "No helpful services" (poor).
- A request for respondents to state their perceptions of the *greatest strength* in human services offered to residents of Surprise
- A request for respondents to state their perceptions of the *largest gap* in human services available to citizens of Surprise

- Assessment of the respondent's personal evaluation of quality of life elements within Surprise on a five-point scale
  - Feeling of safety/the level of crime and delinquency
  - Feeling of community within individual neighborhoods
  - Availability of bilingual services (if known)
  - Sense of support for individuals and families in crisis
- Identification of what known services, if any, are provided by faith-based community organizations, social/civic volunteer groups, and public agencies
- The respondent's perception regarding what is working well
- The respondent's perception of how services might be improved
- The respondent's perception of what partnering or collaboration would be useful
- Demographic data for the respondents in need of or receiving services, including—
  - Gender
  - Age group
  - Ethnicity and languages spoken
  - Current cohabitation status
  - Children/dependents
  - U.S. citizenship
  - Education level
  - Home ownership
  - Faith community connection
  - Current zip code in Surprise, when applicable
- A separate set of questions for information from human services providers, including—
  - Human services provided by the organization each respondent represents
  - Human services provided by other community organizations
    - Faith-based community organizations
    - Social/civic volunteer groups (e.g., Rotary, Kiwanis, Lions, Soroptimist)
    - Public agencies (e.g., courts, schools)
  - Prevention/intervention strategies currently in use in Surprise
  - Surprise key players most supportive of human services

The 190 survey respondents represented the following research areas (including significant overlap among population groups):

- 74 Human services recipients
  - 48.4% Low-Moderate income participants
    - Within this category, 20.5% are working FT, 9.1% PT,20.5% on some form of public assistance
  - 43.2% Seniors (over 62 years of age)
  - 37.8% Living alone
  - 16.2% Identifying as being in need of housing assistance
    - 1.4% of these identifying as being in need of emergency assistance
  - 14.9% Individuals with special needs/disabilities
  - 14.9% Immigrants/refugees
  - 13.5% Reporting a history of substance abuse
  - 13.5% Veterans

- 13.5% Homeless individuals
  - At various points in time, 90% are living on the streets, 10% living in a car, 20% doubled up with other individuals, 10% in an occasional motel room, and 30% in multiple-family homes
- 5.4% living in public housing
- 4.1% Survivors of violence
- 4.1% Caregivers
- 1.4% Formerly incarcerated
- 1.4% Family member of someone incarcerated

- The 190 respondents often identified with more than one of the community sectors, e.g., both as a representative of a faith community and as a volunteer for a local nonprofit. Reporting on their self-identified roles in the community, the targeted research sample represented the following community sectors:
  - 38.9% Recipients of human services or in need of services
  - 16.3% Representatives of the public sector, e.g., City employees, Council or Commission members
  - 22.1% Employees of nonprofit providers
  - 12.1% Representatives of the private sector within the Surprise community
  - 10.5% Nonprofit volunteers
  - 6.8% Representatives of the education sector
  - 2.1% Representatives of local faith communities
- 69 Human services provider participants (including nonprofit providers, City of Surprise providers, and volunteers)
  - 60.9% Nonprofit service providers
  - 10.1% City of Surprise providers of human services
  - 29.0%% Human services volunteers

The demographics extracted from the 74 surveys of recipients of human services or in need of services are detailed below. (In addition, 10 youth participated but, in the interest of time, completed the abbreviated community survey instrument that omitted demographic questions.):

Gender	Female	47 (63.5%)
	Male	21 (28.4%)
	Blank	6 (8.1%)

Age (including the 10 youth reported above)

15-19 years	11 (13.1%)
20-24 years	2 (2.4%)
25-34 years	7 (8.3%)
35-44 years	6 (7.1%)
45-54 years	10 (11.9%)
55-61 years	11 (13.1%)
62-69 years	12 (11.9%)
70-79 years	14 (14.3%)
80-89 years	3 (3.6%)
90 years and above	1 (1.2%)
Missing/Blank	7 (8.3%)

Dependents 21 respondents reported having dependent children under 18 years of age
3 respondents reported having other dependents

Ethnicity	American Indian or Alaskan	2 (2.7%)
	Asian or Pacific Islander	1 (1.4%)
	Black or African American	6 (8.1%)
	Hispanic/Latina(o)	24 (32.4%)
	White	27 (36.5%)
	Other	1 (1.4%)
	Multiple	
	Blank	13 (17.6%)

U.S. Citizenship	Yes	63 (85.1%)
	No	4 (5.4%)
	Blank	7 (9.5%)

Marital Status	Single (never married)	15 (20.3%)
	Married	24 (32.4%)
	Separated	
	Unmarried living in partnership	1 (1.4%)
	Widowed	13 (17.6%)
	Divorced	15 (20.3%)
	Blank	6 (8.1%)

Education

Grade Level	Recipients of Services
Elementary school	4 (5.4%)
High school graduate/GED	29 (39.2%)
Vocational training	6 (8.1%)
Associate degree	7 (9.5%)
Bachelor's degree	12 (16.2%)
Graduate degree	4 (5.4%)
Blank	12 (16.2%)

Member of a Faith Community

	Yes	33 (44.6%)

Focus Groups. I&E Consulting conducted 9 focus groups attended by 124 participants:

- 1 Senior Center group (10 participants)
- 1 group at a public housing apartment complex consisting of low income individuals, individuals with special needs/disabilities, survivors of domestic violence, working poor individuals, older grandparents raising grandchildren (12 participants)
- 1 group of nonprofit and City and County government providers (43 Participants)

- 1 group of homeless individuals/families and survivors of domestic violence at the Salvation Army location (12 participants)
- 1 group of individuals at the Surprise Resource Center including individuals with special needs/disabilities, seniors, working poor, Spanish speakers, and families (6 participants)
- 1 group of veterans (10 participants)
- 1 group at a public housing apartment complex consisting of low/moderate income individuals and families, immigrants, and seniors (4 participants)
- 1 group of Spanish speakers, immigrants, seniors, a formerly homeless individual, low/moderate income individuals and families, and faith-based individuals (19 participants)
- 1 group gathered to discuss CDBG issues, including Spanish speakers, low/moderate income individuals and youth/families (8 participants); Councilmember Ken Remley was also present.

Focus group research was one of the primary chosen methodologies for this project due to its suitability for gathering comprehensive information and data from a range of diverse individuals in the most efficient manner. Focus group interviews give the interviewees greater control of the discussion as they bounce ideas off each other, rather than simply with a single interviewer, thus creating a group dynamic. Based on the importance of involving key human services recipients and the level of significant data to be collected, the research team chose to use a target sample of individuals representing the six population groups within the human services community. Research reveals that one hour spent with eight people in a focus group generates about 70 percent of the original information to be gained from eight one-hour interviews with those same individuals. The ultimate results achieved in the composition of the Surprise Needs Assessment focus groups were completely consistent with the guidelines for the best possible focus group research.

When crafting a method of a study's design, it is important to choose a methodology of data collection that will bring about the greatest likelihood of answering the questions of Surprise administrators. This project is steeped in grounded theory which is an inductive research method to generate conclusions, using qualitative and quantitative data.[2] Following a grounded theory approach, the I&E research team continued an ongoing analysis between interviews, focus groups, and surveys to help ensure that all necessary information was captured. To further promote theoretical sampling, analysis occurred following the focus groups to utilize pertinent topic areas that emerged.[3] As researchers, the I&E Consulting team simultaneously collected and analyzed data.

Although focus groups are highly labor intensive, difficult to schedule and somewhat costly to administer and code in a format appropriate for statistical analysis, they provide in-depth community feedback, a synergistic opportunity for exploring resources and implementation strategies, and validation of data results. Focus group research is useful in gathering comprehensive information and data from a range of diverse individuals in an efficient manner. These groups were designed to elicit a range of views and relevant analytical perspectives which were useful in exploring the level of consensus on human services needs within Surprise while giving individuals the opportunity to become involved in the decision making process and to work collaboratively. Moreover, as similar research previously found in similar research conducted, incentives help ensure the attendance of community participants. Therefore, a $10 grocery store/gas card was provided for them as well as refreshments at some. All focus groups were recorded, transcribed and coded for statistical analysis.

Insight into whose voice should be included in this project was seen as critical for success. Based on past experience of this research team, identifying, organizing and scheduling participants require careful planning. Getting busy people to attend group gatherings can be difficult, and arranging for appropriate

venues with adequate facilities and the right people in attendance often requires a significant amount of time and effort. The results of the focus groups are only as valuable as the appropriate mix of the people involved. If participants are too heterogeneous, the differences between participant perspectives can make a considerable impact on their contributions; but if a group is too homogeneous, diverse opinions and experiences may not be revealed. Selecting participants to be involved in the focus groups is not a random sample but rather more about a careful selection of participants based on reliability, trustworthiness, and their ability to provide solid, usable information. If the focus group sample was strictly random, the process could end up with a bad sample where the people involved would either not be knowledgeable or with a group of people who was not a cross representation of the groups the researchers were seeking knowledge about.

Participants were ultimately selected for their knowledge about their circumstance and their ability to speak about it. This is deemed as a "primary selection" of participants.[4] The sample of participants should be "information rich."[5] To this end, a variety of voices and viewpoints were sought in numerous ways, including flyer posting and distribution at public locations, contacting key agencies, schools, community centers and public providers involved in human services, and exploring data bases of entities who serve recipients. Administrators, but more importantly front-line workers, were contacted who work directly with those whose input was sought. Additionally, the I&E Consulting team connected with those not receiving services to provide additional feedback.

As a goal, two types of sampling of focus group participants were targeted. First "intensity sampling" (which may include extreme cases but less of an emphasis on this type) was used to select participants who are experiential experts and are authorities about their circumstance.[6] "Maximum variety sampling" was also used where participants from a variety of backgrounds were solicited to observe commonalities in their experiences.[7] A spreadsheet was maintained with each person and group representing each of the six categories of funded recipients. This spreadsheet also included emergent groups and recorded information for each focus group participant. In this way, researchers could attempt to connect with the individuals from whom a viewpoint was missing. However, most importantly, the goal was for the focus groups to be made up of participants who would be "acute observers and who are well informed…a small number of such individuals brought together as a discussion and resource group is more valuable many times over than any representative sample".[8]

The focus group process is very much an anthropological, hermeneutical one, bringing to light the community's needs through data gathering that is elicited directly from the voice of the community. All relevant topic areas were addressed, however, following grounded theory. A rigid adherence is not necessary in the event that the conversation takes a turn in a worthy direction. There is no right or wrong answer. No one's opinion matters more than another's. The process of running the group facilitates how each voice is heard and helps to facilitate participants listening and having a healthy influence on each another. When inviting the community, it was important to let them know the importance of their participation. It was a way for them to contribute to their community, a form of volunteer work demonstrating investment in their community and even something to put on their resume if needed. It was important for participants to know that their names would remain confidential and their personal information would not be released or associated with their direct answers.

Over 200 individuals and multiple organizations were contacted, including faith communities (individual outreach), commission/board members, city government and human services staff, schools, human services providers, businesses, medical facilities, food banks, college community, police, fire, recovery groups, thrift stores, housing complexes, neighborhood associations, libraries, family resource

centers, the Surprise senior center, foundations, call centers, prevention centers, education and workforce centers, Surprise coalitions and commissions, and media outlets. Invitations were issued utilizing flyers, email, phone calls, and media. Direct visits were also made to multiple community locations to elicit support. [Copies of the primary focus group invitation/schedule and participation flyers are included as Attachment B to this report. Tailored invitations were created for specific focus groups and a Spanish version was also created.]

Every organization identified during a focus group or interview as serving Surprise residents was cross checked to ensure that representatives from that organization had been invited to participate. Human services providers were enlisted to encourage client participation in specified focus groups. Providers were asked to either: 1) supply I&E Consulting with client contact information; 2) identify alternative opportunities to connect with clients; or 3) link I&E Consulting with direct service workers who could assist with inviting clients to participate.

Potential barriers to participation were eased by selecting the best possible focus group locations for each population group to attend. I&E consultants created every opportunity possible for people to participate, including varied weekday, evening and weekend options for focus groups. Transportation via bus and/or cab was offered to offset any barriers that would prohibit attendance. Opportunities for individual interviews were also provided for anyone unable to attend a regular focus group or who preferred an individual session for privacy or security concerns.

Care was taken to provide the most detailed, creative, and comprehensive tools for gathering information. These materials included confidentiality agreements and protection of participation rights; a safe environment for domestic violence, sexual assault, and sex trafficking survivors; and accommodations for individuals speaking languages other than English. Instruments used were translated into Spanish, and the team stood ready to translate into any other language requested. Interpreters were available and utilized for focus group participants. [Copies of the focus group questions are included as Attachment C to this report.]

Group Interviews. The I&E research team also participated in four group interviews with recipients and providers of human services of human services, engaging in dialogue and strategizing for improvement as well as administering in-depth proctored survey questionnaires. Thirty-nine (39) individuals participated in these group interviews, offering insight and qualitative data to better understand the complexities and challenges of the provision of human services to those in need in Surprise.

Discussions were held with recipients at St. Mary's food bank (15 participants), The Valley View food bank (9 participants), the youth city court group (10 participants), and a group of librarians (5 participants). These discussions not only provided an opportunity for gathering survey data but also allowed the research team to engage in dialogue with recipients and providers of human services to gain additional information and perspectives.

Structured Interviews. As review of the background research and focus group data proceeded, key individuals and topics for providing additional information and insight were identified. Sometimes that identification came in the form of the research revealing key stakeholders in the community who have either an enhanced "big picture" perspective or specific detailed information to complete missing pieces. Sometimes the interviews can provide data expressed by a particularly insightful focus group participant pertinent to people in special circumstances or about a possible emerging group.

The I&E Consulting research team conducted individual structured interviews with 28 individuals from the community, paying special attention to information about human services groups with less representation in the research process and any other emerging groups. Targeting personal interviews to gathering relevant additional information adds depth to the report. The mix of stakeholder, recipient, and provider interviews was designed to best support the needs assessment research:

- Mayor Skip Hall, Council member Nancy Hayden, and Council member Ken Remley
- Surprise Police Chief Terry Young
- Surprise Fire Chief Tom Abbott
- Dysart Public School Superintendent Dr. Quinn Kellis and two of his staff members—Kathy Hill, Director of Federal Projects, and Karen Winterstein, Director of Student Services
- Executive Director of Northwest Valley Connect, Kathryn Chandler
- Seth Dyson, Director of the City of Surprise Human Services & Community Vitality Department
- City of Surprise Youth Services Administrator, Mike Cassidy
- Mayo Clinic health representative
- Two (2) interviews with survivors of domestic violence
- Two (2) interviews with survivors of domestic violence who are also homeless
- A community business owner
- Five (5) veteran interviews
- Three (3) faith provider interviews
- An I-HELP Tempe interview to explore best practices
- A mental health services provider
- A public housing apartment complex manager

All data gathered through these interviews were integrated anonymously into the interview results reported in this section, unless permission was granted for attribution. These interviews provided valuable insight into both community trends and the perspectives of the multiple Surprise stakeholders who provide human services to those in need. Not only did the interviews support and validate the data gathered through the focus group and survey process, the information from these personal interviews served the research team well in better understanding the complexity of the issues, their composition, and the prioritization of the recommendations to be made to the Council.

Community Forum. A final data gathering event was conducted as a part of the research design. This Surprise-sponsored forum was convened for clarification and corroboration of information gathered throughout the research process and to further support prioritization of strengths, gaps, and recommendations for inclusion in the final report. In addition, it provided an opportunity for dialogue with key community members to help ensure additional credibility of the findings. Within this forum attended by 140 individuals from the community, participants included human services providers; representatives from the education sector, the faith community, and the private business sector; Surprise concerned citizens; and community advocates. In addition, the Mayor, Vice Mayor, and two City Council members were in attendance along with several members of the Veterans, Disabilities, and Human Services Commission. The research team reviewed preliminary findings and a sampling of potential broad-based recommendations for further discussion. The input is reference again in the Priorities and Recommendations section of this report.

These types of dialogue groups lend themselves to a participatory action research framework which stipulates that the best research and reporting results come from eliciting targeted community input that can be realistically implemented and utilized.

Human Services Population Definitions

Human Services. Due to the diversity and overlap of the population groups addressed by this human services needs assessment, the first question to answer is "What specifically is meant by the term 'human services'?" For the answer to this question, I&E Consulting turned to Humanservicesedu.org, a respected provider of up-to-date information of relevance to the human services profession:

> Human Services are designed to help people navigate through crisis or chronic situations where the persons feel they need external help and guidance to move forward with their life and rediscover their personal power and self-sufficiency. Sometimes the situation the person needs help with is *external*, such as the loss of a job or income, the need for food or housing, or for help getting out of a dangerous situation. For other people the difficulty they are facing is an *internal* challenge such as depression, a physical ailment or disability, or other mental or physical health crisis.
>
> So then, the definition of Human Services is a service that is provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and the providing for basic needs. It is an interdisciplinary practice of servicing your fellow human beings, whether individuals or groups such as families or communities, in order to alleviate stress and change to help them function at their highest capacity. There are many professions which fall under the umbrella of the human services field. The field of human services is one that is focused on helping one's fellow human beings to overcome adversity through strength-based approaches that empower the recipients to make positive life choices that allow them to reach their full potential.

Surprise Human Services Community. For the purposes of this needs assessment project, a working definition of "the Surprise human services community" was created to define the scope of the research sample and findings and to ensure that everyone utilizing the report in the future would be consistent in understanding the segment of the population the research team addressed by the RFQ. The target sample for the research was taken from the larger "Surprise human services community" population, using statistical terminology. The human services community is defined as "human services stakeholders and providers *within* Surprise, human services providers *accessible* and *available* to Surprise residents (and *affordable*) but located outside the community, Surprise residents in need of human services assistance, community advocates and concerned citizens with a specific interest in a distinct human services population group."

A description of the larger community from which the population is drawn is detailed in Part I of this report, along with the Census data, national/state/county reports, and other secondary research data pertaining to the specific six population groups included in this study. The "Surprise human services community" is a subset of the entire general population of Surprise but is an integral part, as designated by the word "community."

Clarifying definitions of the six population groups follow (in the alphabetical order utilized for this research study:

Homeless Individuals and Families. An attempt to provide an answer to "What is the *official* definition of homelessness?" can be somewhat elusive. Many "official" definitions exist for the purpose of setting

funding constraints on various forms of assistance from different agencies. For example, Section 330 of the Public Health Service Act defines homelessness in this way:

> **[Section 330 of the Public Health Service Act]** A homeless individual is defined in section 330(h)(5)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, an individual who is a resident in transitional housing, and/or an individual who resides in permanent supportive housing or other housing programs that are targeted to homeless populations." Under section 330(h) a health center may continue to provide services for up to 12 months to formerly homeless individuals whom the health center has previously served but are no longer homeless as a result of becoming a resident in permanent housing and may also serve children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

The Bureau of Primary Health Care Assistance Program defines "homeless" somewhat differently by adding the reality of those persons who are "couch surfing" and/or "doubled up"—forced into a shared space with friends or family members:

> **[(HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)]** To be considered homeless an individual may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; and/or be "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, individuals who are released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.

But the lengthy definition used by programs funded by the U.S. Department of Housing and Urban Development (HUD), while limited in some ways (e.g., not recognizing the category of "doubled up"), clearly recognizes the door to homelessness in those threatened with eviction and the dangers of contributing to cyclical generational homelessness in unaccompanied youth and homeless families with children and youth. Over the past several years this definition has been gradually expanded to include a deeper understanding of the challenges of the chronically homeless and of individuals or families fleeing from domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

The United States Interagency Council on Homelessness (USICH) coordinates the federal response to homelessness by partnering with 19 federal agencies, state and local governments, advocates, service providers, and people experiencing homelessness to achieve the goals outlined in the first federal strategic plan on homelessness, *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness.* The strategic plan adopted for Fiscal Years 2018-2022 acknowledges that…

> The causes of homelessness are complex, and the solutions are going to take all of us working together, doing our parts, strengthening our communities. Thriving communities need enough housing that is affordable and equitably available to people

> across a full range of incomes—from young adults just starting out to seniors who want to spend their remaining years feeling secure. Quality educational and career opportunities, child care, health care, substance abuse and mental health services, and aging services can help individuals and families build strong social networks, pursue economic mobility, and strengthen their overall well-being. These services and other federal, state, and local programs must be well-coordinated among themselves, and with the business, philanthropic, and faith communities that can supplement and enhance them.

The delivery of treatment and services to persons experiencing homelessness is included in the activities of the Department of Health and Human Services in five programs specifically targeted to homeless individuals and in fourteen non-targeted, or mainstream, service delivery programs.

The City of Surprise recognizes both the human social responsibility and the challenges of addressing a gradual increase in the homeless population in Surprise. The annual Point In Time Count for 2019 in Maricopa County provides a snapshot of homelessness in the Phoenix Metropolitan Area. All communities participate in the unsheltered homeless count conducted during the last week of January. Numbers for all communities in Table 12 are a direct census of individuals interviewed by volunteers, law enforcement, and outreach workers.

Table 12. 2019 Unsheltered Street Count by Municipality

Community	2019	2018	2017	2016	2015	2014
Surprise	33	39	16	6	7	0
Avondale	35	13	27	37	20	12
Glendale	194	164	57	44	25	39
Goodyear	22	22	7	7	1	2
Peoria	78	38	22	31	30	13
Chandler	54	54	27	14	31	18
Gilbert	2	4	2	1	1	0
Mesa	206	144	130	95	155	55
Scottsdale	76	67	50	67	--	39
Tempe	373	276	202	88	24	97

Source: Maricopa Association of Governments, Point In Time Homelessness Count Analysis 2018 and 2019

A forward-looking perspective examining the communities surrounding Surprise offers a caution related to the dramatic growth in numbers over the past five years. Although Surprise has a relatively less serious problem than other communities in the area, the visibility of homeless individuals and families and a resultant concern among residents had a direct impact on the results of this needs assessment which will be discussed in further detail in Part III.

The results for 2019, on first glance, could allow for a bit of complacency for Surprise due to the relatively low number of homeless individuals recorded. However, a caution is to recognize that in the heading for Table 12 extrapolated from the Maricopa Association of Governments (MAG) data, Maricopa County acknowledges that these figures represent an “unsheltered *street* count” that does not take into account all of the nuances of the homeless definitions referenced above and is always considered to be a significantly underreported number of actual homeless in these communities. One such nuance is the report that in Maricopa County the most recent homeless count registered 377 unaccompanied youth on the streets or in housing programs on a given day. At the other end of the

spectrum, on August 7, 2019, in a report on ABC 15 News, Lisa Glow, the CEO of Arizona Central Shelter Services (CASS), reported that one out of three individuals who walk into their shelters are senior citizens. "No senior should be homeless and they certainly shouldn't be sleeping on a mat on the floor," said Glow. She added that many of these seniors are experiencing homelessness for the first time in their lives. "It is a crisis and we're calling it the 'silver tsunami' of homelessness and it's across the nation."

Although the nuances are sometimes subtle, the realities of the characteristics of homelessness are not. The definition of "homeless" for the purposes of this report is "lacking a safe, fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation, e.g., living on the streets, sleeping in a car, 'couch surfing,' doubling up with a friend or family member, or alternating between a motel room and one of these options."

On July 24, 2019, in another ABC 15 News interview with CASS CEO Lisa Glow, she stated that in 2015 Maricopa County leaders pledged to end homelessness, but four years later and in the middle of a booming Arizona economy, the situation is worse now than it has ever been. She continued saying that Arizona is facing the worst affordable housing crisis of our time. Arizona has the second-highest eviction rate in the country, and Maricopa County has experienced a 149 percent increase in the number of unsheltered homeless individuals living on the streets while at the same time losing shelter beds.

In the "Homeless in Arizona: Annual Report 2018," Director of the Arizona Department of Economic Security (DES) Michael Trailor reiterated that the "causes and factors that lead to homelessness are complex; however, there are consistent, identifiable, and contributing factors for both individuals and families in urban and rural communities. Conditions such as physical and behavioral health issues, domestic violence, and substance abuse contribute to homelessness. Diverse strategies, approaches, and coordination are necessary to assist individuals experiencing homelessness to regain their independence." The DES Annual Report 2018 reported that over the last three years, veteran homelessness has been on a steady decline while the number of chronically homeless individuals and families has steadily increased.

Individuals with Disabilities/Special Needs. The definition of "special needs populations" has been a topic of debate among different organizations and government entities and varies based on the focus of the organization defining the term, e.g., medical treatment, disability compensation, or emergency preparedness. For the purposes of this needs assessment study, a less precise and more functional definition was needed to encompass all special needs populations. This understanding led to the inclusivity of a wide range of special needs individuals residing in the community. Therefore, the research team chose not to focus on specific diagnoses or labels.

The working definition of "disabilities/special needs individuals" reflected in this report includes "persons experiencing chronic physical, mental, behavioral, emotional or developmental impairment that results in marked and severe functional limitations." These functional limitations include a wide range of special needs that lead to difficulty in maintaining independence, understanding communication, securing transportation, remaining safe and secure, obtaining appropriate supervision and care, sustaining acceptable living conditions, acquiring legal protection, and enjoying a high quality of life with an appropriate level of education/training and medical treatment.

***Low to Moderate Income Individuals and Families*.** Any discussion of need within the human services community hinges on an understanding of the two versions of the federal poverty measure (commonly used interchangeably in error). The two versions are:

- The poverty thresholds, and
- The poverty guidelines

The *poverty thresholds* are the longstanding version of the federal poverty measure developed by Mollie Orshansky of the Social Security Administration (SSA) in 1963 and revised in 1965 when the measure of income inadequacy was adopted as the official poverty thresholds. The thresholds have been adjusted annually for price changes each year since that time by the Census Bureau and are used mainly for statistical purposes, primarily to prepare estimates of income levels and the number of Americans in poverty each year. Despite the calculation and publication of poverty thresholds annually, the U.S. Census Bureau acknowledges that "many of the government aid programs use different dollar amounts as eligibility criteria."

The *poverty guidelines* are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The guidelines provide a simplification of the poverty thresholds for administrative purposes, such as determining financial eligibility for certain federal programs. When using the poverty guidelines to determine eligibility, some programs use a percentage multiple of the guidelines, such as 125 percent, 150 percent, or 185 percent. The federal government urges potential participants to ask the appropriate managing agency for the most accurate guidelines. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but use of that phrase is officially discouraged by HHS for its ambiguity and lack of precision. The most recent poverty guidelines issued by HHS in January 2019 appear in Table 13.

Table 13. 2019 Calculation of Low Income Worker Guidelines
(calculation based on 200 percent of the 2019 Federal Poverty Thresholds)

Persons in family/household	Total Income 48 Contiguous States and DC
1	$24,980
2	33,280
3	42,660
4	51,500
5	60,340
6	69,180
7	78,020
8	86,860
For each additional person, add	8,840

Source: *Federal Register*, 84 FR 1167, March 11, 2019, pp. 8729--8730

General agreement exists among researchers and service providers that individuals whose income is less than 200 percent of the federal poverty guidelines are considered low-income workers. This is the working definition for the purposes of this report. For example, the U.S. Census Bureau uses 200 percent of poverty as a key threshold in their annual poverty reports. Families with incomes between 100 and 200 percent of the poverty guidelines are eligible for many government means-tested assistance programs, e.g., Earned Income Tax Credit, many of the state Child Health Insurance Programs, and food

stamps. Table 13 provides calculations used for the purposes of defining low/moderate income individuals and families for the purposes of this report. However, it should be noted that this table represents the base amounts for individuals and families considered "low income." Even the U.S. Census Bureau does not have an official definition for "moderate" or "middle" income. They tend to use the middle quintile, while the Pew Research Center defined it as between 67% and 200% of the median household income figure.

Seniors Over 62 Years of Age. For the purposes of this report, the research team chose to define seniors as "over 62 years of age" which coincides with the average retirement age in the U.S. of 63, according to U.S. Census Bureau data. This demographic group is growing, demonstrating specific needs today and promising to need resources increasingly in the future.

Like the rest of the nation, Maricopa County's population is aging. The median age for Surprise is significantly older than surrounding communities, and in the *2013-2017 American Community Survey 5-Year Estimates*, 30.3 percent of those 65 and over were experiencing a disability, while 29.6 percent of grandparents in Surprise were responsible for grandchildren [Note: The Census Bureau describes "responsible grandparents" as having primary responsibility for the children, even though the child's parents may also be present in the household. No further explanation of the relationship is provided.]

The older population in the U.S. (persons 65 years and older) reached 50.9 million in 2017. A *Profile of Older Americans: 2018* published by the Administration on Aging indicates that nationally:

- The number of older Americans increased by 13.1 million or 34 percent since 2007. By 2060, there will be about 94.7 million older persons.
- The 85+ population is projected to more than double from 6.5 million in 2017 to 14.4 million in 2040 (a 123 percent increase). The need for caregiving increases with age. In January-June 2018, the percentage of older adults age 85 and over needing help with personal care (20 percent) was more than twice the percentage for adults ages 75–84 (9 percent) and five times the percentage for adults ages 65–74 (4 percent).
- About 28 percent of non-institutionalized older persons live alone.
- Nearly half of older women (44 percent) age 75+ live alone.
- Persons reaching age 65 have an average life expectancy of an additional 19.5 years (20.6 years for females and 18.1 years for males).
- The median income of older persons in 2017 was $32,654 for males and $19,180 for females.

The complexity of these demographic data co-existing with statistics related to poverty and special needs creates a challenge for communities defining how best to meet the needs of seniors. In addition, according to Substance Abuse and Mental Health Services, nearly 30 percent of people between the ages of 57 and 85 use at least five different prescription medications. Seniors are more likely to take multiple medications prescribed by more than one doctor. Although they often experience more negative consequences, prescription drug addiction often goes unrecognized or ignored among seniors as it is mistaken for other health problems.

Seniors likewise can often suffer from a lack of adequate nutrition. In Arizona, according to United Health Foundation's Health Rankings, in the past five years food insecurity increased 39 percent from 12.8 percent to 17.8 percent of adults aged 60 and above, yet in the past three years SNAP reach decreased 34 percent from 67.0 to 44.1 participants per 100 adults aged 60 and over in poverty. In the past three years in Arizona, suicide among seniors increased 15 percent from 21.2 to 24.4 deaths per 100,000 adults 65 and over.

Survivors of Violence (Domestic, Sexual, and Hate Crimes). The U.S. Department of Justice on its web site defines domestic violence as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone." This is used as the definition for the purposes of this report. Not only can those impacted by domestic violence come from all socioeconomic backgrounds, they can be of any race, age, sexual orientation, religion, or gender. The nature of their intimate relationship can be married, living together, or dating. However, the definition of "victims" extends beyond those who are abused and those who have ultimately lost their lives. The Justice Department reports that domestic violence affects family members, friends, coworkers, other witnesses, and the community at large. Children who witness domestic violence are not only seriously and immediately affected by the crime, and the impact of their trauma can reach into the next generation of victims and abusers.

The same is true for those experiencing other forms of sexual violence, e.g., sexual assault, sex trafficking, and stalking, as well as the violence associated with hate crimes. Human services made available to each of these segments of the population are seen as far-reaching with an eye toward healing and empowerment. For this reason, after taking the time to listen to the experiences and needs of this population group, the I&E Consulting research team chose to use the nomenclature for this population group in this report of research findings to be "survivors of violence" rather than victims. For these other categories, the definitions chosen for the purposes of this report include:

- Sexual Assault. Any type of sexual contact or behavior that occurs without the explicit consent of the recipient.
- Human Trafficking. A form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against their will.
- Hate crime violence. The Federal Bureau of Investigation (FBI) defines a hate crime as a "criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity." In November of 2018, the FBI released hate crime statistics for 2017 revealing a disturbing increase of 17 percent in reported hate crimes from the previous year. Current FBI statistics state that 7,175 hate crime incidents were reported in 2017, but the Bureau of Justice Statistics conducts a hate crimes survey and estimates there could be up to 250,000 hate crimes a year. On August 7, 2019, ABC 15 Arizona reported that Arizona has one of the highest rates of hate crimes in the nation. The FBI data show that Arizona had 264 reported hate crimes in 2017, the 9th worst rate based on population, compared to all 50 states and the District of Columbia.

Veterans. Since its inception in 2010, the Clearinghouse for Military Family Readiness located at Pennsylvania State University has provided professionals who deliver direct assistance to military families with information to help identify, select, develop, and implement evidence-based programs and practices to improve the well-being of service members and their families. Their recent research study, "Supporting United States Veterans: A Review of Veteran-Focused Needs Assessments from 2008-2017," reports that most veterans are living healthy and productive lives. However, needs assessments have identified a number of challenges that veterans face. The most commonly identified needs include services and supports that are designed to do the following:

- Address the unique mental health needs of veterans
- Promote physical health and well-being

- Enhance employment and vocational success
- Secure and improve housing options and reduce homelessness
- Increase access to affordable transportation
- Provide high-quality service coordination and reduce barriers to service
- Improve financial literacy, decrease debt, and increase wealth
- Connect veterans to social support

Needs assessments have identified barriers that decrease veterans' access to services, including the following:

- Awareness, eligibility, and transportation
- Delays and excessive paperwork
- Perceived low quality
- Lack of tailored services for women, racial/ethnic minority groups, students, those residing in rural areas, older versus younger veterans, and other underserved groups.

PART III
SURPRISE NEEDS ASSESSMENT DATA AND FINDINGS

HUMAN SERVICES COMMUNITY INPUT

This portion of the Surprise Human Services Needs Assessment is considered the most important section for anyone to read who cares about Surprise as a rapidly-growing, vibrant community that cares about *all* of its residents—no matter which segments of the population apply to the reader. In requesting this needs assessment, the City of Surprise expressed a desire to listen to the input of the greater community. "Community outreach" toward individuals and families within six specific population groups of Surprise residents, credible research into their realities, and "community input" from residents sharing their personal stories were key parts of the original mandate for the study described in the RFQ. Although this study focuses exclusively on the human services community (an integral segment of the Surprise population that conservatively represents over one-third of city residents—identified by low to moderate income, special needs, age, mental health, substance abuse, and public safety calls for multiple forms of violence and attempted suicide), the needs are sometimes less visible to the community-at-large. I&E Consulting worked diligently to convey the input of members of the Surprise human services community and the research that supports their challenges as accurately as possible in this report.

The research data and findings are the second best part of any study right behind the purpose for conducting the research in the first place—they convey the conclusions to be drawn from community input and ideas for putting the information to good use. This section of the report is intended to present the data and findings from the Surprise Human Services Needs Assessment project in a way that organizes and summarizes the results into conclusions that can be drawn to represent the current realities of the larger Surprise human services community population. The intent is to provide a clear presentation of the results and findings to reveal the current picture of what is happening in Surprise. Part IV of the report will utilize these data and findings to assess the links, differences, and other relationships among human services within the city in terms of conclusions and recommendations.

PARTICIPANT SURVEY DATA RESULTS

The research design for the project called for the completion of survey questionnaires by the various community sectors with an emphasis on those in need of human services and those who work to identify and provide services to them. (See Part II of this report in the section entitled "Research Design and Methodology.") In accordance with the research design, surveys were not only gathered from individuals in need and providers but also a targeted sample from the larger human services community (population), which consists of "human services stakeholders and providers *within* Surprise, human services providers *accessible* and *available* to Surprise residents (and *affordable*) but located outside the community, Surprise residents in need of human services assistance, community advocates, and concerned citizens with a specific interest in a distinct human services population group." A total of 190 surveys were completed and analyzed, including surveys from representatives of the public sector, the education sector, the business sector, the private sector, and faith communities.

A research sample must be selected from the target population. Special care was taken to represent each of the six population groups that served as the focus for this study (presented here in alphabetical order): homeless individuals and families/youth, individuals with disabilities/special needs, low to moderate income individuals and families/youth, seniors, survivors of violence (domestic, sexual, and

hate crimes), and veterans. A good sample must be large enough for the results to be accurate. A large sample size selected from the target population assures the accuracy of the results. I&E Consulting researchers were successful in obtaining 190 survey responses, a sample size sufficient for suitable statistical analysis. The analysis of the quantitative and qualitative survey responses is detailed below:

***Survey of Adequacy of Human Services Available to Surprise Residents*.** A significant objective within the needs assessment process was to query the Surprise human services community regarding the adequacy of human services available to residents within the city, as perceived and experienced by human services recipients and providers. Priority was given to gathering data from providers geographically located within the city but, where specific services were minimal or unavailable within Surprise, discussions were also conducted with those in nearby communities. Specific inquiries regarding adequacy of services throughout all aspects of the research were focused on responding to the RFQ requirement to identify any gaps in human services accessible/available to Surprise residents.

Of the 190 survey questionnaires submitted, 146 respondents completed the section of the survey requesting an evaluation of the adequacy/accessibility of specific human services offered to service recipients within Surprise. Several points to be considered in analyzing the data found in Tables 14 and 15 include:

- The mean (average) score calculated from the ratings provided for each service area by the respondents is recorded in the column corresponding to the score. These scores provide a response mean for each area of service on a scale of 1 to 5 where survey respondents were presented with a Happy-Face Likert Scale in which—
  - 1 represents “No helpful services” (seriously inadequate)
  - 2 represents “Some problems with services” (inadequate/below average/some gaps)
  - 3 represents “Okay” (adequate/average)
  - 4 represents “Some great, Some not as good” (above average)
  - 5 represents “Happy with services” (excellent)
- Respondents were asked to “provide an answer for each line of the survey (for each service) that you are familiar with.” Thus, they were asked to not rate the adequacy of a service that they did not know. This assured that the adequacy ratings and calculated scores of raters would only represent the perspective of those familiar with the services offered in each human services area.

Following are the ranked ratings by category (from the area of greatest need for additional services to the lesser need). Note that respondents were asked to choose between definitive responses corresponding to whole numbers. Therefore, “No helpful services” relates statistically to a score most closely rounded to “1” and so forth.

“No helpful services” (1.00 – 1.49)

None rated seriously inadequate

However, one finding that calls for attention is the observance that further analysis of the survey instruments by respondent group indicated that many of the blank responses came from the *nonprofit and city provider groups*. Some explanations for this result may reflect the significant number of providers and city employees who come from outside Surprise and are uncertain about what services are or are not available to residents. Qualitative survey results and anecdotal evidence from verbal comments received by the I&E Consulting research team reflect a response of “I’m not too familiar with all the services offered in the City.” Recognition of this wider lack of awareness among some providers,

volunteers, and city employees is a concern, because human services providers, volunteers, and front line responders to residents in need are frequently the first point of contact for referrals.

"Some Problems with Services" (1.50 – 2.49)
(Below average/Some gaps)

The next level of ranking of adequacy for human services in Surprise is the category that represents "some gaps in services." Although Tables 14 and 15 present these data in the context of the survey questionnaire, the following list provides a rank ordering of the services with perceived problems, beginning with the greatest gap in adequacy as reflected in responses to the survey questionnaire:

- Transportation support for homeless individuals and families (2.03)
- Emergency housing for low to moderate income individuals and families in crisis (2.11)
- Re-entry services for previous incarcerated (2.15)
- Mobile clinics (2.16)
- Transportation assistance for low to moderate income individuals and families in crisis (2.17)
- Assistance for elder abuse (2.28)
- Health care services for those with no insurance (2.30)
- Mental health counseling for homeless individuals and families (2.31)
- Affordable, safe housing for individuals and families (2.36)
- Assistance to immigrant/refugee groups (2.38)
- Legal assistance for homeless individuals and families (2.41)
- Mortgage assistance to homeless individuals and families (2.44)
- Supportive housing for homeless individuals and families (2.44)

"Okay Services" (2.50 – 3.49)
(Adequate/Average)

The mean/average survey responses identifying 36 human services areas as reflective of "adequate services" are strong support for the perspective that Surprise is a community of people who care and do not give up on challenging circumstances. Intuitively, one would expect that gaps exist in *all* areas of human services due to the limitations of funding and resources in the face of extensive needs. Therefore, to have the human services community rate 36 areas as "adequate" is an endorsement of a city striving to create outstanding value for those served through shared vision, superior service, and sustainable practices. However, 24 of these areas achieved an adequate mid-rank by rounding the statistical results upward from 2.50. Sixteen (16) services in this lower tier of adequacy (2.50-2.74) are listed below for further consideration:

- Affordable child care (2.48, rounding to 2.5)
- Alcohol and drug abuse support services for homeless individuals and families (2.50)
- Assistance to citizens with mental/emotional disorders (2.51)
- Support for families of homeless veterans (2.56)
- Clothing assistance (2.56)
- Supportive services for homeless individuals with HIV/AIDS (2.56)
- Foster care (2.60)
- Counseling/advocacy for the homeless (2.60)
- Assistance to homeless families and youth (2.64)
- Treatment for substance abuse (2.66)
- Life skills training for homeless individuals (2.65)

- Assistance to survivors of hate crimes (2.67)
- Assistance to homeless individuals (2.67)
- Employment services (2.68)
- Veterans services for homeless individuals and families (2.71)
- Rental assistance for homeless individuals and families (2.74)

"Some Great; Some Not As Good" (3.50-4.49)
(Above Average)

Only one service is ranked above average, and the fact that the highest ranking is related to providing food for the hungry is a commendable research finding.

With regard to gaps in services, this section of the survey instrument related to the perceptions and experiences of the human services community in identifying and ranking the need for improvements in delivery of services can be useful. These data, expressed in terms of a quantitative statistical picture, highlight specific areas of need for further attention, some of which were not discussed in great depth within the focus groups. More information about the discussion of gaps in human services was gleaned from the focus groups, and those results can be found in the section of this report entitled "Participant Focus Group Results."

Greatest Strengths and Largest Gaps in Human Services from Surprise Survey Participants. The I&E Consulting team also offered survey respondents the opportunity to share their qualitative perceptions of the greatest strengths and largest gaps in human services for Surprise residents. The responses to these two open-ended questions will be revisited in the section on "Participant Focus Group Results" in which focus group participants were also asked to share their perceptions on greatest strengths and challenges *by population group*. This research approach gave all participants openings in their community outreach experience to express both comprehensive community-wide assessments and specific views within each of the six designated population groups under study in this research project. Following is a summary of the strengths and gaps expressed by survey respondents independently choosing and expressing their own individualized assessments:

- Top Four Greatest Survey Strengths
    - Ongoing development of a wide array of human services, including the creation of the City of Surprise Human Services & Community Vitality Department
    - Amenities in the community through parks and recreation
    - Public safety
    - A clean and quiet community

- Largest Survey Gaps
    - Access to local transportation
    - Increased access to mental health, behavioral health, substance abuse, and health care treatment services
    - The need for increased collaboration and community partnering to provide critical human services
    - Response to those in crisis in terms of immediate/urgent needs
    - More safe, affordable housing options
    - Awareness and communication of human services available/accessible to Surprise residents

These data regarding strengths and gaps gathered from survey respondents are synthesized with focus group results in the section of this report entitled "Participant Focus Group Results" to provide a comprehensive response.

Table 14. Sample Mean Ratings of the Adequacy of Basic Human Services to Surprise Individuals and Families

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Services to Other Human Services Population Groups					
Assistance to Citizens with Disabilities					
Physical disabilities (blind, deaf, physiological)			3.09		
Developmental disabilities			2.99		
Mental/emotional disorders			2.51		
Assistance to Low to Moderate Income Individuals and Families/Youth					
Affordable, safe housing (individuals & families)				2.36	
Employment services (un- and under-employed)			2.68		
Health care services for those with no insurance				2.30	
Youth services			2.95		
Affordable child care			2.48		
Utilities assistance			2.96		
Transportation assistance				2.17	
Clothing assistance			2.56		
Re-entry services for previously incarcerated				2.15	
Assistance to immigrant/refugee groups				2.38	
Food banks		3.63			
Assistance to Seniors					
Assistance to seniors in need			3.45		
Affordable elder care (long-term, day/respite)			2.97		
Affordable, safe housing for seniors/elderly			2.85		
Senior transportation assistance			2.79		
Senior assistance with delivery of meals			2.93		
Assistance to Survivors of Violence					
Assistance to Survivors of Domestic Violence			2.97		
Assistance to Survivors of Sexual Violence			2.89		
Assistance to Survivors of Hate Crimes			2.67		
Assistance to Veterans					
Assistance to Veterans			3.03		
Assistance in Crisis					
Families in Crisis			2.88		
Child abuse/CPS investigation/removal of child			2.75		
Foster care			2.60		
Emergency housing				2.11	
Treatment for substance abuse			2.66		
Assistance for Elder abuse				2.28	

Table 15. Sample Mean Ratings of the Adequacy of Services to Surprise Homeless Individuals and Families

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Services to Homeless Individuals and Families					
Assistance to Homeless Individuals			2.67		
Assistance to Homeless Families/Youth			2.64		
Homeless Prevention Services					
Counseling/Advocacy			2.60		
Legal Assistance				2.41	
Mortgage Assistance				2.44	
Rental Assistance			2.74		
Utilities Assistance			3.03		
Homeless Street Outreach					
Law Enforcement			3.39		
Mobile Clinics				2.16	
Homeless Supportive Services					
Alcohol & Drug Abuse			2.50		
Child Care			2.75		
Education			3.09		
Employment			3.13		
Healthcare			2.97		
HIV/AIDS			2.56		
Housing				2.44	
Life Skills			2.65		
Mental Health Counseling				2.31	
Transportation				2.03	
Veterans services			2.71		
Families of veterans			2.56		

Table 14 provides an overview of the survey results related to the adequacy of basic human service areas accessible to Surprise residents. Table 15 specifically addresses the adequacy of services to homeless individuals and families which also provides support for the upcoming CDBG application.

Survey of Ranked Order of Population Groups in Terms of the Greatest Critical Need for More Services. Effective allocation of community resources is a significant area of concern within the Scope of Work for this needs assessment project. The previous section presented the results of the rating by survey respondents of the adequacy of human services available/accessible to Surprise residents. The next area of inquiry examines where additional resources are needed most critically. Survey respondents were asked to rank order the six population groups identified for focus in the needs assessment project, reflecting their perceptions/experiences from greatest need for more services in terms of urgency (#1) to the least critical need (#6). Respondents were instructed to use only whole numbers (1 through 6) in the ranking process with no duplication of numbers. Of the 190 survey questionnaires submitted, a total

of 146 respondents completed this question accurately and completely for the purposes of statistical analysis. The 146 respondents completing the rank ordering of the six population groups are identified with the following demographic characteristics; the significant overlap is indicative of the complexity and challenges of their lives:

- 39 individuals receiving or in need of human services, further identified (with demonstrated overlap) as…
  - 22 identifying as living below the poverty threshold
  - 18 seniors (62+)
  - 11 receiving public housing assistance
  - 16 living alone
  - 9 homeless individuals
  - 9 parents of youth
  - 9 unemployed
  - 8 reporting a history of substance abuse
  - 7 individuals with disabilities/special needs
  - 7 veterans
  - 7 receiving public assistance
  - 5 immigrants/refugees
  - 4 victims of domestic violence
  - 3 caregivers
  - 1 attending school full-time
  - 1 formerly incarcerated
- 20 nonprofit human services providers
- 21 City of Surprise public sector providers and administrators
- 17 concerned citizens from the private sector
- 10 representatives of the education sector
- 2 representatives of the faith community
- 1 nonprofit volunteer

An important aspect of the understanding of the responses to this question that continued to unfold throughout the research findings is the significance of asking respondents to base their ranking on the most *critical* need for more services. Representatives from the human services community responded to this question on the basis of their perceptions and experiences regarding which of the population groups are in the most urgent and immediate need. A deeper understanding of the types of urgent services needed is available throughout other sections of this report providing the results of focus groups, structured and group interviews, and the community forum. During these discussions, representatives of the human services community were assured that they were not being asked to advocate for "robbing" one of the population groups of their resources in order to "pay" more resources to another group.

The raw data gathered from the surveys in response to this question of most critical needs clearly divided the six population groups into two tiers of services, confirmed by qualitative responses to the survey and in the focus groups. Although the six population groups are listed in rank order in Table 16 from the greatest critical need for more services in terms of urgency (#1) to the least critical need (#6) based on the sample mean for each group, the groups in the First-Order Tier were within one-tenth of a point of each other. In the realm of statistical significance, these three groups must be considered on equal terms within the 5 percent range of potential statistical error when using a 95 percent confidence level of analysis. However, when taking the sample mode into consideration, additional insight into the

rank ordering by survey respondents is revealed. The mode is the rank assigned by the respondents that occurred most frequently in the set of data. Therefore, the "Low to Moderate Income Individuals and Families/Youth" group and the "Homeless Individuals and Families/Youth" group most frequently were ranked as #1 by survey respondents for being in the most critical need of immediate/urgent human services. Obviously, one of the challenges of using the sample mean in isolation from a consideration of the mode is that a mean of 3.0 could be the results of a 50-50 split between half of the respondents assigning a #2 and half a #4—or half a #1 and half a #6. Here the mode clarifies that the bulk of the survey respondents believe the first two groups listed have the greatest need (#1). Although the "Special Needs Individuals" group reveals a sample mode of #3, by considering the combination of the sample mean and the sample mode it is more closely associated with the first two rank-ordered groups. In addition, the qualitative responses to the open-ended survey questions and the qualitative data gathered in focus groups confirm that this First-Order Tier for Human Services represents those individuals and families/youth whose needs are most immediate and urgent, often involving threats to safety or health as well as struggling to meet basic human needs, e.g., food, shelter, clothing, health care, and safety.

The Second-Order Tier for Human Services breaks away significantly from the previous tier. The sample means in this tier round to a rank of #4 in all cases, placing them at a separate level of ranking. In addition, when consulting the sample mode again, these population groups (Seniors, Veterans, and Survivors of Violence) were all most frequently ranked as #5 or #6 by survey respondents, clearly setting them apart from the First-Order Tier. Consulting the qualitative data from surveys and focus groups reveals that, although survey respondents were aware in the cautionary note assigned to the question that the likelihood is high that *ALL* groups would benefit from more services, they differentiated between those needs that they perceived as being more immediately threatening to life and health. Anyone reviewing these data, therefore, will come to understand that when life or health is threatened in the population groups represented in the Second-Order Tier, their needs are immediately escalated to a First-Order need. The rank order will be revisited at various points throughout this report as each population group is explored in greater depth.

Table 16. Two Distinct Tiers of Critical Human Services Identified by Rank Ordering of Surprise Residents

Population Group	Sample Size (N)	Sample Mean	Sample Mode
First-Order Tier for Human Services in Surprise			
1. Low to Moderate Income Individuals and Families/Youth	146	3.0	1
2. Homeless Individuals and Families/Youth	146	3.1	1
3. Individuals with Disabilities/Special Needs	146	3.1	3
Second-Order Tier for Human Services in Surprise			
4. Seniors	146	3.7	6
5. Veterans	146	3.9	5
6. Survivors of Violence (domestic, sexual, hate crimes)	146	4.1	6

Another critical aspect for better understanding the responses to this question is the recognition of the definitions of each of these groups provided in the earlier section of this report entitled "Human Services Population Definitions." The six population groups identified for focus in this needs assessment project demonstrate significant overlap, e.g., domestic violence survivors may be homeless due to low/moderate income and may include family members young and old, some possibly with special needs. However, the definitions provided in this report assist in distinguishing between the major stressors on the lives of these individuals and families that serve to place them in one or more

categories. In addition, the availability and accessibility of services vary based on the needs and the time-critical nature of those needs.

Survey of Quality of Human Services within Surprise by Population Group. In the *City of Surprise 2018 Community Survey* one of the questions posed to residents was to rate their satisfaction with the quality of various City services. Some of the same population groups were addressed in that survey as in the needs assessment survey. For example, over 75 percent of residents completing that survey gave excellent or good marks to services to seniors. Over 60 percent of the residents gave excellent or good ratings to services for youth, and half of the residents gave excellent or good marks to services for low-income people. However, the scoring protocol for this survey appended an important note that 44-70 percent of residents responded "don't know" to these questions. This common finding of a general lack of awareness will be addressed later in this report.

The *City of Surprise 2018 Community Survey* was mailed to a random sample of 1,500 households in Surprise by The National Research Center, Inc., in Boulder, CO, and ICMA: Leaders at the Core of Better Communities in Washington, DC. The response rate was 23 percent, with a margin of error of plus/minus 5%.

Quality of Life in Surprise. The I&E Consulting team included a brief section in the needs assessment survey questionnaire related to four elements that contribute to the quality of life in Surprise to determine how the human services community, as a subset of the greater Surprise population, rated these elements. Using a five-point scale, the 190 survey respondents were provided instructions that asked them to consider each element as it contributes to their quality of life in Surprise from their own perspectives and experiences.

Feeling of Safety/Level of Crime and Delinquency. (152 responses) The Surprise human services community survey respondents were asked to rate the *overall* level of crime and delinquency within the city as it contributes to the quality of life for citizens, using a five-point scale. The surveys rated safety/ level of crime and delinquency to be "above average" (a mean score of 3.75). While slightly more than 12.5 percent rated the level of crime and delinquency to contribute to a negative quality of life ("below average" to "low quality"), 64.5 percent rated the level as "above average" to "exceptional quality."

Feeling of Community within Individual Neighborhoods. (146 responses) "Building community" is a concept frequently omitted from survey questionnaires, substituting instead the level of services and accessibility to services and basic needs as "markers" for the concept. However, individuals in any locale generally have much to say about the "sense of community" or the "lack of community" where they live. In this survey, the Surprise human services community rated "feeling of community within individual neighborhoods" as "average" (mean of 3.33). Relationships are the basis for knowing and understanding individuals and families and defining quality of life. A single survey question is insufficient to address the depth and complexities of this concept. Although a bit more information can be gleaned from focus group discussions of concepts such as these, the responses to the survey question provided at least a starting point for future discussions regarding how the city could be more supportive of *building* a sense of community and *welcoming* residents of diverse backgrounds.

Availability of Bilingual Services. (89 responses) A contributing element to quality of life in a community is the question of support for diversity. The survey question put before participants in the Surprise needs assessment project was specifically addressing the idea of support for bilingual services

within the Surprise human services community. The survey respondents rated this contributor to the quality of life in Surprise as "average" (a mean score of 2.93).

Sense of Support for Individuals and Families in Crisis. (134 responses) Concerns about the level of public safety calls associated with suicide, mental health issues, domestic violence, and substance abuse relate directly to ratings about support for residents who found themselves in crisis situations and circumstances. The Surprise human services community survey rated the level of support for this group as "average" (mean of 2.94). Slightly more than 27.6 percent of survey respondents considered the lack of support for this population group ("below average" and "low quality") to contribute to a negative quality of life while 22.4 percent considered the "above average" and "exceptional quality" to contribute to a positive quality of life. These results are reflective of dichotomous community experiences for Surprise residents. A more in-depth discussion of these expressed concerns can be found throughout the section of this report entitled "Participant Focus Group Results."

Participant Focus Group and Interview Results

Nine focus groups (including 124 participants) were conducted in order to reach the desired sample from the six population groups under study within the human services community. The process used to form the focus groups to assure broad representation across the range of human services and to engage individuals directly involved with the six population groups was covered in the earlier section on "Research Design and Methodology."

Focus groups were facilitated by a trained and experienced PhD-level facilitator, and the results of the discussions were fully recorded. Each focus group was 1½-2 hours in length. The recordings and documentation for each focus group were studied in depth and transcribed by a PhD-level researcher experienced in focus group coding and analysis. The I&E Consulting research team engages in a "hands-on" approach to coding and analysis in order to become immersed in the voices and experiences of the research participants. Responses to each of the individual focus group questions and additional probing questions that emerged in discussions were categorized and recorded to assure no response was overlooked. Data were analyzed utilizing standard qualitative coding techniques. The results and findings extracted from the focus group process are presented in this section of the report to synthesize the data related to strengths and gaps in support of the development of priorities and recommendations.

***Greatest Strengths and Challenges*.** Focus group participants were generally asked to identify their perspectives/experiences regarding: 1) the greatest strength of human services offered to each population group; 2) the greatest challenge each group experiences; 3) any other population group(s) in need of services; 4) how well challenges are being met and/or what is missing; and 5) how the delivery of human services in Surprise might be improved. Their responses to these general questions and their perspectives on the needs within the community were recorded by focus group, coded to provide categories (themes) useful for prioritization of resource allocation, synthesized with survey results, and analyzed for dominant themes. This level of analysis provided distinct categories of significant agreement within the human services community, including a number of themes recurrent across all population groups. This section begins first with the common recurrent themes and then presents the dominant themes specific to each of the population groups. From this point on in the report, the six population groups will be presented within the First-order and Second-order Tiers, as defined from the research participants' surveys. Data results presented in lists will be in a generally prioritized order from greatest need for critical services to least critical. In addition, survey responses aligned with or related to

the focus group results are integrated as appropriate. Moreover, the four group interviews including 39 participants (34 service recipients, five providers), the 24 interviews with community leaders and four interviews with service recipients, and the CDBG discussion groups also helped to illustrate the results.

Recurrent Universal Themes Across All Population Groups within the Community. Participants were asked to provide responses to the question related to strengths and challenges, and these data were synthesized with survey responses to the same questions. The strengths identified as common to all groups are universal, including the most frequent reference from participants that Surprise is a community of people who care and do not give up on challenging circumstances. This sense of caring is reflected, first, in the creation of the Human Services & Community Vitality (HSCV) Department within the City of Surprise and, second, in the efforts of the department to develop a wide array of services, particularly at the Resource Center. The wisdom and care demonstrated by the Council and City leaders in establishing this foundation for human services in Surprise have been pivotal in conveying to residents a vision for the future as Surprise continues to grow.

Greatest Strengths Across Groups
***HSCV, Council, Leadership**
***Resource Center, Senior Center**
***Food banks**
***Community providers/partners/members**
***Utilities assistance**
***Fire (CM301, crisis response team)**
***Police (SROs, We Care, crisis volunteers)**
***Dysart Unified School District innovations**
***Surprise Youth Innovations (Youth Council, Teen Court, youth employment program, mental health PSA)**
***Diversion programs**
***Clean, quiet community**
***Upcoming affordable housing structure**

Greatest Challenges Across Groups
***Response to immediate, urgent needs**
***Need for increased collaboration and community partnering using a community-based human services model**
***Local transportation**
***Awareness of available services**
***Local employment (for job seekers)**
***Additional safe, affordable housing options**

Other common strengths included an appreciation of the core of human services providers, especially in light of the fact that Surprise has grown so quickly and that new services continually need to be established to meet growing needs. Food banks and assistance with utilities through the CAP office have been particularly effective in meeting the needs of individuals and families from many of the population groups under study in this assessment. Innovative programs for youth through the Youth Council, Teen Court, and Youth Employment programs are highly valued. In addition to the professional human services providers, Surprise residents recognized the importance of some of the main reasons they moved to Surprise—a safe, clean, and quiet community.

"The Council is very approachable and works so well together. This mayor and council are better than I have ever seen. Tell them what is needed and give them an opportunity to do what is needed, and I think you would see some pleasant results."

—Special Needs Parent

Other strengths highlighted the Dysart Unified School District that hired a social worker for every school and opened a partnership with the City to host community gatherings on evenings and weekends. Other Surprise strengths include the new preschool program with extended hours for working families, community collaborations (i.e., the Resource Guide, CDD diabetes health classes, senior fall prevention, veteran's benefit class, newly formed services across cities, such as I-HELP offering a partnership support program for homeless individuals and families, and new veteran partnerships at the Resource Center.

Although a basic core of common challenges was universal to all groups, the nature of the themes varied by population group to some extent. For example, the theme of "additional safe, affordable housing options" took on a slightly different perspective for each group:

- For low/moderate income individuals and families—finding affordable and accessible housing includes options to be able to remain in Surprise in light of housing consuming more than 50 percent of household income and for individuals and families "one paycheck away" from losing their home if a health or economic crisis arises.

"I have a waiting list of 1.5-2 years and get 3-4 calls a day for people looking for affordable housing."
—Public Housing Manager

- For homeless individuals and families—safe, affordable housing includes a variety of options such as short-term emergency shelters, transitional housing (e.g., while struggling to regain stability after escaping from domestic violence), age-appropriate shelters for vulnerable youth and seniors, and long-term shelters for those individuals with serious mental health issues. This population group also includes youth for whom safe, affordable housing can be shelters for homeless teens to protect them from victimization, as well as group homes for youth in special circumstances, e.g., abusive homes, homes with extensive substance abuse issues, and those with mental health concerns.
- For individuals with disabilities/special needs—the search for housing includes living arrangements that accommodate the individual needs of those who are physically or developmentally disabled, offer safe environments that provide a level of assistance to live without fear and anxiety, and provide options for inpatient mental health care.
- For seniors—housing decisions include the search for options such as affordable long-term care/assisted living, the need to downsize to live on a retirement income insufficient to meet the rising cost of independent housing, and finding a home that feels safe after losing a spouse and becoming isolated.
- For survivors of domestic violence, sexual assault, and hate crimes—adequate housing includes more shelter space for families where they can feel safe and the children and parents are not separated.
- For veterans—housing concerns can range from securing homes that are affordable enough to still have means to access counseling for veterans suffering from Post-Traumatic Stress Disorder (PTSD) or Military Sexual Trauma (MST) to extensive wait lists for VA nursing homes.

"There are wait lists for VA nursing homes. I am not eligible as a married man but would be eligible if I was single. I have social security and a little supplemental income, and it all adds up and I have too much."
—Moderate Income Veteran

This is one example of the depth and complexity surrounding the issues faced within each of the six population groups under study.

Two overarching universal challenges repeated most often in surveys and focus groups are: 1) Response to those in immediate, urgent need, and 2) Improvements to local transportation. The first relates to meeting the critical needs of residents in Surprise by providing for basic human needs—shelter, food, clothing, health care, and safety. These cited needs range from shelter for the

"Basic human services are important for students, to come to school ready to learn."
—Dr. Quinn Kellis, Dysart Superintendent of Schools

homeless, individuals and families facing eviction, and independent youth no longer welcome in the homes of their parents to "food-poor" individuals and families whose cost of housing exceeds 50 percent of their income, leaving them insufficient funds for food by the end of the month. Safety also becomes a critical concern for survivors of domestic violence and homeless individuals, families, seniors, veterans, and youth. The unmet needs of individuals and families in crisis are a top priority for a community that cares.

Another critical gap frequently cited is the significant need for improvements to local transportation similar to the Orbit bus model that is available in Tempe where it is funded through a transit tax collected as a part of the 1.8 percent Tempe sales tax. Surprise leaders are fully aware of the need to find a solution to this service gap and are exploring options. However, how to fund such a system poses a substantial problem. In the recent CDBG survey, one of the questions posed to the sample of community-wide residents receiving the survey was:

"We really need public transportation so people can make appointments or find jobs or even get to work. Services such as Lyft, Uber, and taxis are just too expensive for those of low/moderate income, special needs, seniors, veterans, and those on a fixed income."

—City of Surprise human services provider

Citywide Transit System: Currently, the city pays an outside contractor to manage the Ridechoice/Paratransit transportation service for ADA, senior and income-qualified individuals and contracts with Valley Metro to provide one bus route that travels from the city to Phoenix for all customers. With limited dollars in the General Fund (the City's checking account), to what degree would you support or oppose the following additional funding sources for a citywide transit system which would include a public city-only circulator bus/van service, express bus routes that connect to the greater Phoenix region, and a city-operated Cab Subsidy Program to replace Ridechoice/Paratransit?

- A strong majority of residents opposed all three types of funding proposed:
  - A property tax increase (only 18 percent strongly or somewhat support)
  - A new transit sales tax (31 percent strongly or somewhat support)
  - General Obligation Bonds (30 percent strongly or somewhat support)

Unfortunately, those in need of these critical services often are not included in the results of online surveys due to a lack of stable address or the complexities of the stress in their lives that leave them unaware of or unable to respond to the survey. Therefore, those who do respond to these types of surveys are not in need of public transportation and/or are unaware of the critical need that exists for others within their community. A veteran interviewed pointed out that, "Our veteran funding would be elevated because the amount of federal tax credits would double for projects. We are not competitive for some tax credits because of our lack of transportation." Clearly, funds for an improved transportation system must be generated from some additional form of revenue and residents must understand that one of these options is likely to be the chosen solution by City decision makers.

Another challenge that was consistently voiced in discussions with human services providers, representatives of the education and public sectors, community leaders/stakeholders, and volunteers in the community is the need for increased community collaboration and partnering to provide human services to Surprise residents. The HSCV team has made various strides to support this, and following the most recent forum the community appears primed to increase these collaborations.

To anchor these partnerships, a community-based human services delivery system complete with a clear understanding of the organization and primary point of contact for each type of service available/accessible to Surprise residents can be established. This model would include an accessible referral system for those in need of services. Follow-up would also be incorporated to ensure that critical connections have been made along with a plan to communicate gaps to be filled by appropriate organizations. Individuals from all relevant partners should be incorporated in after-care, discharge, and/or planning meetings, including schools, faith institutions, family members/guardians, and providers so that crisis-management is a community-based approach rather than working in silos. Opportunities for community partnering and specific donations should also be communicated to the larger community to serve as a mechanism for community building.

"Well communicated, integrated services that have easy access and strong awareness – these are gaps I see and barriers."

—Mayor Skip Hall

In nearly every group and in multiple surveys, mention was made of the lack of communication/ awareness regarding what services already exist and what services are critically needed in the community, especially in the case of meeting the complex need for a multiplicity of human services often required by a single individual or family. A recurrent theme that surfaced in both discussions and interviews was the concern that often Surprise residents need to rely on finding resources in the surrounding communities to meet their needs. This situation is not uncommon for a community exhibiting rapid growth. However, this only elevates the importance of planning aimed at increasing awareness of available/accessible services, not only among individuals and families in need of services but also for the sources within the city that these individuals turn to in times of crisis. The Explore Surprise videos delivered on the City government web site are well done and list some of the available services and amenities within Surprise, but unfortunately the messages do not seem to reach the residents in need of human services with the type of immediate, urgent information they require. Both residents and a significant number of public sector employees expressed a lack of knowledge about what services are available. The Resource Center, listed by many as a valuable community asset, is one of the obvious sources of information and may be the resource instrumental in communicating the services available or accessible to Surprise residents, as well as the volunteer opportunities for individuals and organizations to assist in filling unmet needs.

"We need to reach beyond 3-5% of the overall population. The more we are able to reach the better. If people don't know about the services available to them, we become part of the problem."

—VDHS Commission Member

Another consistent challenge identified by survey, interview, and focus group participants is the need for more employment opportunities for all levels of workers at a livable wage, including a preference for hiring Surprise residents. Critical assistance is needed to qualify for employment: basic computer literacy, employment search assistance, resume writing, interview skills, affordable trade programs to prepare for technical jobs, and computer-based job applications. These universal concerns will be discussed throughout this section and will be the subject of recommendation(s) for consideration by City of Surprise Council and decision makers.

Emergent Group. The research design and methodology provided for a process to identify any emergent population group in need of services, in addition to the six groups clearly identified in the RFQ. One such major challenge emerged as a significant, separate population group entitled to its own separate designation as a seventh group to be added throughout the remainder of this report. This group includes "Individuals with mental health, behavioral health, substance abuse, and/or health care treatment needs." This group clearly overlapped most, if not all, of the other six population groups throughout this study and will be addressed separately following the discussion of the six population groups initially under study.

> **"We are starting to see the outskirts of it, but there are a lot of people in homes that are addicted to opioids. We are seeing young adults or juveniles who are not under the parent's insurance anymore or their insurance doesn't qualify them for rehab that will lead to success. We are struggling to find locations for juveniles or young adults to go to…same with adults. They don't have insurance or the ability to get the services even if they want to.**
>
> **—Community Crisis Responder**

Although only one stand-alone emergent group was identified for specific inclusion in future planning, a large range of other groups in need were identified throughout the course of the research. These groups deserve to be reviewed in the delivery of human services to determine if any might eventually appear as a stand-alone group as well:

- Individuals and families in various forms of crisis
- Individuals in trauma loops
- Abused children & homeless children asked to leave their home
- Kinship families – relatives raising children, including grandparents raising grandchildren
- Multi-generational families living together (housing needs/repairs)
- Second generation families (many in the original town site who inherit their family's homes)
- Single parents financially challenged (included in the low to moderate income group)
- Foster youth
- Teens in alternative schools
- Formerly incarcerated individuals (specifically for job resources and transition needs)
- LGBTQ+ community
- Immigrants

During each focus group, the gathered participants shared a little about "what your life is like right now." As the strengths and challenges for each of the six population groups under study and the emergent group are presented in the following pages, each of the segments will include two or three quotes from focus group participants to provide a picture of the many faces and complexities of each group. The population groups are ordered in accordance with the two tiers of population groups, as identified by the priority rankings of research participants. Details specific to the emergent group follow.

First-Order Tier for Human Services in Surprise

The three population groups in this First-Order Tier for Human Services in Surprise were ranked closely by research participants as representing the most immediate and urgent needs to be addressed, often involving threats to safety or health as well as struggling to meet basic human needs, e.g., food, shelter, clothing, health care, and safety. This First-Order Tier includes low to moderate income individuals and families/youth, homeless individuals and families/youth, and individuals with disabilities/special needs.

Greatest Strengths for Low/Moderate Income
- **Accessible food banks**
- **Utilities assistance**
- **Resource Center**

Greatest Challenges for Low/Moderate Income
- **Basic needs and preventive emergency assistance (including clothing and medical care)**
- **Safe, affordable housing/shelter**
- **Housing advocacy**
- **Employment and trades assistance (including eliminating long service wait times)**
- **Education**
- **Affordable, safe child care**
- **Re-entry services for previously incarcerated**
- **Budgeting/financial, credit repair, and computer literacy**

Low to Moderate Income Individuals and Families/Youth. The individuals and families who are identified with this population group nationwide frequently share a common characteristic of being "cost-burdened." HUD defines this concept as those family units paying more for rent/mortgage than they can afford, i.e., in excess of 30 percent of their household income. The *2013-2017 American Community Survey 5-Year Estimates* published by the U.S. Census Bureau report 27.8 percent of housing units with a mortgage in Surprise to have "selected monthly home owner costs as a percentage of household income" greater than 30.0 percent. Another 48.2 percent of occupied rental units have "gross rent as a percentage of household income" greater than 30.0 percent. These individuals and families face long waiting lists for housing assistance.

These individuals and families may be on the very edge of becoming a family in crisis or homeless—perhaps just one paycheck or job layoff or medical bill away. They may already have reached that point. They need more and better job opportunities. Therefore, this group is often seen as at risk. These are often individuals with urgent/immediate unmet basic human needs. They are often invisible until the crisis occurs and too often do not ask for help early enough to avoid the crisis. However, the existence of food banks in addition to food programs for children in the schools, support from faith communities for emergency needs, and programs to assist with rent and utility payments have all provided positive support and a baseline safety net. Preventive strategies to *avoid* homelessness must be an integral part of any plans to address homelessness.

Habitat for Humanity has developed one such program described by a program organizer – "Our newest initiative, the construction training program, to be launched in September 2019 is a program that offers up to 28 students in a cohort the opportunity to learn building trades while receiving hands on training in the construction of a home for a family in need. The students will also have the opportunity to get their high school diploma, if needed. They will receive an OSHA and a National Center for Construction Education and Research (NCCER) certification upon completion. They will be placed in a job, apprenticeship program, or a community college program upon completion of the 16-week program." The community stated the need for offering more opportunities such as these. For example, the Western Maricopa Education Center (West-MEC) which offers options for cost-effective programs for both high school students and adults could incorporate more employment hubs in various parts of

the community (e.g., faith communities) and a dedicated employment specialist or employment station at the local library.

"There is a gap of teen activities—We don't have enough teen activities in Surprise. We do a good job up until age 12. The teens we need to work on. We have 9,000 kids in high school. We have four District high schools."

"They don't have any place to go, a place to gather."

—Mayor Skip Hall
—Council Member Nancy Hayden

The stressors that affect low to moderate income families can be compounded by concerns for youth in the families. Some of the needs discussed include a community center for youth with vibrant programs for young people to congregate (one survey respondent advocating support for a Salvation Army proposal to develop one); opportunities for meaningful skill building; more youth activities particularly for teens and for all ages of youth after school and during the summers; youth mental health and behavioral health counseling; affordable after school programs; food on the weekends; self-esteem building/life skills; foster youth assistance including transitional support for youth aging out of foster care; and a call from recipients of services, community leaders, and key stakeholders for the development of park areas and renewed life and programming in recreation centers in the low to moderate income areas of Surprise. Several senior residents of Surprise commented on the "community parks and rec for children and various family activities put on by the City" and "beautiful lakes and parks" as community strengths, while low to moderate income individuals and families asked the question, "Why don't we have that in our neighborhood?"

[*For more voices supporting low/moderate income individuals and families, join them in Attachment D.*]

Homeless Individuals and Families/Youth. This population group was ranked closely with low to moderate income families/youth in the First-Order Tier of human services in Surprise in recognition of the immediate (and frequently urgent) demonstrated lack of services to meet basic human needs. Even though the annual Point In Time Count for 2019 in Maricopa County reports that Surprise has a far less concentration of homeless individuals and families than other cities in the Phoenix area, the Surprise human services community clearly understands that the homeless population group clearly includes individuals and families living in temporary shelters, sleeping in their cars and "doubling up" by moving from one friend to another willing to offer them shelter, as defined earlier in this report. The complexities and scope are much larger than visibly meet the eye, and the faces and stories of those who are homeless vary extensively.

Greatest Strengths for the Homeless
***Accessible food banks**
***Salvation Army, Recovery Innovations**
***Plans for newly forming I-HELP model shelter program in the West Valley**

Greatest Challenges for the Homeless
***Safe emergency housing, especially for the most vulnerable**
***Basic needs like safety, water, laundry and shower facilities, shoes/clothing, restrooms, storage lockers, heat relief**
***Mobile clinics to meet all health needs**
***Rental and legal assistance**
***Job opportunities**
***Transitional assistance**
***Foster youth assistance for young people aging out of the system**
***Compounded crisis assistance**

Due to the nature of a caring community, food and clothing are generally less of a challenge to homeless individuals and families in Surprise, but for others clothing and shoes remain difficult to find. Dental and medical care, access to mental health treatment, access to restrooms and clean drinking water/hydration and

heat relief stations, a resource to acquire the necessary identification needed to access services and VA benefits, shelters located in or near the Surprise community, a need for storage lockers, and opportunities for stable employment are among the basic needs expressed by the homeless in Surprise. Another recurrent need relates to the importance of the pet companions of homeless individuals. This adds a need for flexibility and care to offer space and support for pets. One local animal shelter offers to adopt pets from individuals and families in crisis situations who need to relocate but, for many, parting with their closest companion only adds to the stress.

While Surprise works with multiple agencies throughout the Phoenix metropolitan area to provide services for homeless individuals and families in need of assistance, such as the Human Services Campus and Lodestar Day Resource Center, representatives know that these distant areas are often undesirable and unsafe locations to transplant residents. Moreover, mobile services have been difficult to secure due to availability and distance; thus the HSCV team has focused on bringing service accessibility to Surprise. Lutheran Social Services (recently awarded the contract to develop and establish the best practices model for an Interfaith Homeless Emergency Lodging Program in the West Valley—I-HELP) will be a major player in addressing the needs associated with homelessness in Surprise. The I-HELP program is widely acclaimed for its success in the East Valley. Current Surprise faith communities already expressing interest in being a part of this solution include: Shepherd of the Desert Lutheran Church, Church of the Palms in Sun City, and West Valley Bible Church.

"I'm a family support coordinator in this area and a lot of families are suffering from being homeless and it's very difficult to find housing or low-income apartments or anywhere for immediate shelter. They come in and say – 'I'm living in a hotel very close by. I don't know where to go from here. Every month I encounter about five families, both single parent and two person households.'"

—Area Family Human Services Provider

One story from June of 2018 illustrates the complexities of homelessness in Surprise, a point at which the broader community began to define and refine the needs and community responses to homeless individuals and families more systematically. Surprise leaders adopted a new law to prevent homeless people from living in public parks. Public comments expressed concern that some homeless people, especially those with prior convictions, could face stiff penalties if arrested in Surprise for urban camping. Community members cited the creation of new jobs and new economic opportunities for homeless individuals as a more appropriate focus. Lutheran Social Services of the Southwest President & CEO Connie Phillips (the organization taking the lead in creating the new I-HELP program in the West Valley) explained, "I understand the concerns of the residents and the need for the Council to take some action. The solution to homelessness is housing and it is difficult to access that without available affordable housing and access to support. We must work together to find solutions."

"Our homeless…it is not just getting a home or clothes. Get to the bottom, find out what they need, to grow and become a self-sufficient human being. So that the whole community grows at the same time"

—Nancy Hayden, Council Member

Surprise Police Chief Terry Young suggested that the passage of the ordinance would not change the way his officers interact with homeless people in the community "with the

"Surprise is cracking down. They want to send you downtown but I go there and get my I.D. stolen. I've been here (in Surprise) since I was 2 or 3."

—Lifelong Surprise Resident, Now Homeless

exception of the fact that we now would have an ordinance and there would be an enforcement component involved at the tail end. Our first approach as a police department is education, awareness, engagement. Our officers engage with our homeless population as they do all of our residents in our city. And they engage with the idea of providing help and assistance where they can. They genuinely care about the population…We will do everything we can to drive them toward accepting that shelter opportunity (CASS), even though we fully understand it may be in a location that's not their first choice to go." Discussions with those who are homeless and seeking shelter as well as providers reveal that the conditions at CASS are deeply troubling, and the 40-mile distance not only takes individuals and families far away from Surprise but transports them into the city-center challenged with a multiplicity of bad influences. Public safety officers are challenged with finding the balance expected by community members who feel their rights and space are infringed upon by homeless individuals versus those who consider the response is too "heavy handed."

"I got kicked out of school. Born into poverty and had nothing - kids like us, you are born in poverty and you live in it."

—Homeless Young Man

Comments from a number of key stakeholders and homeless individuals in Surprise present the different perspectives on their experiences in being homeless and needing basic support services. The experiences of homeless individuals and families/youth are as diverse as the breadth and depth of human circumstances, and no single "cause" is sufficient to explain the plight of a single homeless individual. Experiences that precede homelessness include: domestic violence and sexual assault; growing up in the poverty of homelessness; health issues that cause the loss of a job; physical, mental, emotional, and sexual abuse early in life; substance abuse and mental health concerns; and inability to cope with one or more crises, such as suicide of a loved one or a shocking divorce. The HSCV Department has been instrumental in engaging with the community-at-large to become involved in being a part of the solution through the building of the I-HELP model in Surprise. This represents a leap forward with many other human services required to meet the basic needs and complexities of the experience of being homeless.

[*For more voices of the homeless, join them in Attachment D.*]

Individuals with Disabilities/Special Needs. In many communities, this segment of the population is frequently overlooked, becoming "invisible" to the greater community. Therefore, the ranking of this population group within the First-Order Tier for Human Services in Surprise is another sign of a community that cares—and observes.

"We would appreciate a shorter time to have to be at the senior center that still allows for transportation because of health. Sometimes it is the only food we get and we get to talk to other people besides the people and have meaningful conversations. Their food is excellent! I just physically can't stay there three days a week, eight hours a day with my disability."

—Senior Center Member with a Disability

However, the challenges for special needs individuals are significant. Most of the specialized services are located outside of Surprise, and caregivers are stressed with the task of finding appropriate services. Assuming that services can be located, the task of taking lengthy time periods off work and/or making appropriate transportation arrangements can be stressful. Transportation that meets the specialized needs of this population group frequently intensifies the geographic challenge. Opportunities for independent living and respite care are in short supply presenting a real worry to aging parents of disabled individuals and to individuals with no family

members to care for their needs. An additional consideration is the recognition that each situation is often unique as it relates to the level of disabilities and special needs, the ages of those in need of services, and the specific family/caregiver circumstances involved. One caregiver expresses the concerns of many other caregivers in the community, "Get parent groups together. Nothing worse than being a caretaker; doesn't matter if it is to a senior or a child. It is taxing. You are wiped out. You're tired, and you start your day tired. So why can't we get together with other tired people, so we can tell our stories, kind of cry on one another's shoulders? Share support – Hey! I have this problem; can you help me? Is there someone you know?"

Greatest Strengths for Disabilities/Special Needs Individuals

***One Step Beyond**
***Dedicated parents of special needs youth**
***Adaptive recreation**

Greatest Challenges for Disabilities/Special Needs Individuals

***Community integration (accessible resources, housing, employment, transportation, wheelchair accessibility)**
***Affordable disability/personal care assistance**
***Assistance in accessing services**
***Respite for special needs caregivers**
***Transition assistance (different ages and stages)**
***Health concerns due to anxiety, fear, stress, and prescription drugs**

Disability needs are especially difficult when coupled with age. One disabled senior noted: "I have a caregiver that comes but only four hours a day. It's not enough because I can't get up out of bed to use the bathroom at night….I am constantly put in and out of the hospital." Disabled seniors indicated challenges with lack of support systems and upkeep of everyday household duties. People across ages noted struggles with affording health care, treatment, and therapies.

The Dysart Unified School District is taking a proactive approach to meeting the special needs of their students. The need for social workers in the schools is both obvious and critical, and steps are being taken to assure that students have this resource within easy reach. Dr. Quinn Kellis, Superintendent of the Dysart Unified School District commented, "It used to be normal but it went away, but we brought back social workers. This is different from counselors who are more academic advisors. Bringing a social worker to every one of our campuses is a rarity and we will do whatever it takes financially to make sure there's a social worker at every single one of our 25 schools."

Transition assistance is frequently missing for young people with special needs or disabilities making the difficult shift from high school to adult life, to work and everything beyond. In addition, the need exists for support services for youth enrolled in alternative schools with their own unique needs and the challenges associated with transition. Physical accessibility also presents an ongoing challenge to this population group, including ill-advised decisions about where ramps are placed, how frequently benches are spaced in public places, and how easily wheelchairs can navigate a space. Support for keeping handicap spots available for the truly handicapped would also make independence much more attainable.

"Students with developmental disabilities…I don't know any support groups or resources inside our area."

"Occupational and physical therapy for kids with autism in Surprise is missing."

—Surprise Special Needs Parents

[*For more voices of individuals with disabilities/special needs, join them in Attachment D.*]

Second-Order Tier for Human Services in Surprise

Seniors (over 62 years of age). The community ranking for the prioritization of additional human services included in the needs assessment survey clearly separated the population groups into two separate tiers based on the immediacy and urgency of the needs. Seniors fell into the Second-Order Tier due primarily to the positive work already being done through providers in the community toward lessening challenges for the seniors in Surprise. Survey respondents repeatedly identified the programs offered through the Senior Center as a greatest strength for senior Surprise residents. The home-delivered and congregant meals and food bank programs available to meet dietary needs are critical to healthy living for many, and the ability to gather with others for meaningful conversations is an invaluable asset for many survey respondents and focus group participants. Utilities assistance is also one of the greatest strengths cited by residents. Appreciation was expressed for the Police Department's "We Care" programs—"You sign-up for it, they come out and interview you. They'll call every single morning at a certain time, and it's just a recording to press 1 to say you're okay. They will call back a second time if you don't answer and send a police officer to your door if you don't answer the second time. It's security in case we fall or something."

Greatest Strengths for Seniors
- ***Senior Center, Benevilla, Area Agency on Aging**
- ***Delivery of meals**
- ***New Surprise Dementia Friendly City program to address lack of dementia services**
- ***Utilities assistance**
- ***Visiting Angels**
- ***Police "We Care" Program**

Greatest Challenges for Seniors
- ***Budgeting for housing v. health care**
- ***Transportation assistance**
- ***Lack of dementia services**
- ***Community building/engagement**
- ***Grief and loss support**
- ***Vetted in-home care**
- ***Additional socialization and learning activities**
- ***Assistance for elder abuse**
- ***Trusted navigator**
- ***Advocacy for safe housing**
- ***Grandparents raising grandchildren**
- ***Safe housing advocacy**

Although concern was voiced about the lack of dementia services in Surprise throughout the research process, the Council has already taken steps to address this concern. In September of 2019, the Surprise Council took steps toward the declaration of the City as a Dementia Friendly City. They recognized that dementia is a community issue that must be addressed as a community and that every part of the community has a unique role in fostering meaningful access to and engagement in community life for people living with dementia as well as for their family and friend care partners. The proclamation stated the extent of the needs surrounding dementia in the U.S. today:

- 5 million Americans and 15 million caregivers are living with Alzheimer's and dementia related diseases
- Nearly 60 percent of people with dementia life in their own community homes and 1 in 7 live alone
- 85 percent of all unpaid help provided to those with dementia comes from family members

The City of Surprise committed to partnering with Banner Alzheimer's Institute, Sun Health, Benevilla, and the Salvation Army to bring Surprise residents program information and resources to help learn and understand about Alzheimer's and dementia-related diseases. The plan in action is a four-phase effort:

- Phase 1 calls for convening community leaders and partners to understand dementia and its implications
- Phase 2 focuses on engaging key leaders to assess current strengths and gaps
- Phase 3 involves the analysis of community needs, determination of issues, and development of community goals

- Phase 4 includes the development of the community action plan, including objectives and strategies, as well as the plan for identifying the funds needed to support and sustain the plan

The process will be phased in over a period of months or years. Therefore, dementia services are included under both greatest strengths and greatest challenges above as it becomes necessary to identify interim services to meet the needs of seniors in the community. The City of Surprise plans to offer Dementia Cafes twice a month to help support individuals with dementia and their caregivers. These presentations will be in partnership with Banner Sun Health staff and could offer opportunities for seniors in Surprise to let their immediate needs be known.

"Many of us need support to cope with living alone, especially around the holidays – I even felt alone. But I knew a senior who had lost a son in the military and she committed suicide."

—Surprise Senior

The libraries likewise are moving forward proactively in developing programs to meet the needs of the community through creating literacy programs, removing library fines, offering resume classes, community drives, a dental group, mobile services (e.g., through the Senior Center and independent living homes), eBooks, online options, books, courses, and parent/grandparent/guardian assistance at school drop off. Some of their innovative programs include:

- HIV and health testing
- Adult 101 fair
- Fake news information checks

"The depth of services offered is a gap. Even though it's nice to offer many services, it might be a good idea to focus on the ones we do have and improve the depth of the services. This might be able to help a larger group of people needing a particular service."

—Surprise Concerned Volunteer

The major challenges for this population group are critical emergency response to seniors choosing between housing and health care, accessible transportation services, additional opportunities for community building and engagement, vetted in-home care for those in need of assistive care, available services for homebound seniors, grief and loss support, isolation as a result of living alone, a plan for providing seniors protection from elder abuse, more options for affordable and accessible housing, awareness resources for identifying potential prescription drug issues, more opportunities for day trips and learning experiences, home repairs, and resources for "trusted navigators" who can walk seniors through unfamiliar experience, e.g., a mini-vacation, an appointment with a service provider, or a major purchase. Arizona is different from many other states in that when active seniors move here and then grow older, many do not have family members who can come to visit or help them when they need to go to a hospital or have a fall. For those in a traditional family structure, this is not understood as a reality for others.

Insecurity for seniors also stemmed from safety concerns with living conditions. These concerns included seniors who live in sub-par housing in need of major repairs as well as those seniors who live in low income complexes where rent was arbitrarily increased, bed bugs and other health concerns are present, and repairs in complexes were either not completed or completed in a manner directly affecting health and safety.

According to a provider within the Human Services & Community Vitality department, a substantial number of Surprise seniors are facing the untenable decision to choose between housing and health care. These indigent seniors have nowhere to turn in the event of a medical crisis. Many are receiving eviction notices due to an inability to pay for both rent and medical treatment. Others are not receiving necessary medical treatment, because the co-pays are unaffordable. Although the above list of strengths and gaps for seniors is relatively prioritized, this population group provided a long list of needed services in response to the needs assessment. Planners and decision makers would need to prioritize the list and determine where multiple services might be offered, with the understanding that quality and depth of services must often take precedence over numbers of services.

One additional challenge is related to the struggles associated with isolation and the need for respite care when facing a crisis. Elderly individuals who become caregivers for their spouses or other family members are often frail themselves and unable to locate available options for assistance that are affordable. Neighbors, volunteers and faith community members are willing to help but likewise are often not aware of where to go for assistance.

[*For more voices of seniors, join them in Attachment D.*]

Veterans. The City of Surprise takes appreciation for and support of veteran needs seriously. The City Council expansion of the Disability and Advisory Commission in December 2018 into the new Veterans, Disability and Human Services Commission underscored that commitment. The commission is charged with assisting in the development and/or expansion of city programming related to veterans, people with special needs, and those in need of general human services and workforce development. The wisdom in this Council decision recognizes that too frequently these three segments of Surprise residents overlap significantly—a veteran with disabilities or special needs also lacking basic human services requires a unique array of provider services. Dan Pedrotti, a veterans' advocate, sums up the community's response to those who have served in the U.S. Military:

> *Sometimes we idolize their service, other times we don't want to hear about it and want to hide our heads in the ground (or just throw services at them out of guilt.) In service to our greater society, veterans have to undergo unbelievable horrible life-altering experiences…so the rest of us (civilians) can totally enjoy life ignorant or oblivious of their sacrifices. In my mind, telling a vet "thank you for your service" or inviting them to a picnic on Veterans Day is meaningless…until we as civilians are willing to become good listeners and fully embrace all that a veteran is willing to share regarding their service….Then*

Greatest Strengths for Veterans

- **"Each other"**
- **Newly forming evidence-based partnerships through the Resource Center**
- **Healing of Memories Workshop and other free workshop opportunities**
- **The CASA Veterans Ministry at the Franciscan Renewal Center**
- **VA Pilot Reconnection Program**
- **VA Stand Down Program**
- **VA Family Resource Center – Exceptional Family Member**

Greatest Challenges for Veterans

- **Accessibility and qualification for services**
- **Specific health challenges (PTSD, Military Sexual Trauma, prescriptions/ substances, moral injury)**
- **Health care**
- **Family support assistance**
- **Navigation of transitional support resources**
- **Budgeting/financial literacy**
- **Financial challenges**
- **Homelessness**

there will true healing and a deeper profound understanding by civilians at the gut level of what our veterans have to endure.

Veterans as a population group are ranked in the Second-Order Tier of human services based on the strides being made in Surprise (thanks to a core of hard-working individuals and organizations) to create and offer services to meet the most immediate and urgent needs of veterans. Insight into a variety of services currently offered and under development was shared by participants in the needs assessment process. The Veterans Administration provides a number of programs that were cited for their value to improving the lives of veterans while also being the source of a number of challenges, including the eligibility criteria as defined by veteran status, accessibility, gender differences, and family support. Some of the programs listed as notable strengths include:

- The VA Stand Down Program – A program located in downtown Phoenix for homeless veterans requiring a wide range of support services, such as food, shelter, employment, health screenings, legal, and VA benefits counseling
- The VA Exceptional Family Member Program (EFMP) through the Family Support Center – A program for families with special needs offers many services for military families (including military retirees) to assist in navigating the medical and educational system by assisting with:
    - Identifying and enrolling family members with special medical or educational needs
    - Find out what services are available at a particular duty station
    - Supporting families with information, referrals, and non-clinical case management to access services
- Additional strengths include new initiatives soon to be onsite at the Resource Center (the first two onsite 40 hours/week):
    - A pilot program with the Reveille Foundation (a new nonprofit presence in Surprise whose executive director is the former director of the resource center at Luke Air Force Base) in partnership with the American Patriot Service Corp will utilize a Success Coach model to assist in reconnection. The Reveille Foundation is committed to "serving the underserved," assisting with transition from an institution or familiar culture into a new environment (transitioning military, veterans, and families; formerly incarcerated and their families, and Native Americans). The partnership will begin by specifically addressing VA Pension Aid and Attendance eligibility and qualification assessments.
    - Be Connected (a statewide movement initiated by Senator McCain to bring together all necessary veteran resources and to assist in understanding the entire system, available via phone, online, or individually with veterans)

"We are the most popular Arizona city for veterans to retire to."

—Surprise Senior Veteran

Another valuable resource that offers a variety of programs is located at the Franciscan Renewal Center (the CASA) in Paradise Valley. The CASA Veterans Ministry provides a safe place where service members, veterans, and their families join in community to find healing from their wounds of service. Ongoing regular offerings include: Healing of Memories Workshops (including one devoted to women's experiences), St. Francis Retreats, a Resilient Warrior Retreat, St. Joseph's Baskets for Homeless Veterans, Moral Injury Education, and Community Engagement.

Local health providers express their concern and frustration in attempts to provide veterans with needed services: "There is a lack of follow-up allowed for a Veteran to see their treating physicians. It is not uncommon for me to see a Veteran, treat them, and ask for follow-up imaging and return visits. Currently, only half are able to return back to Mayo Clinic for their appropriate follow-up care. Many

times, the patient is referred back to the Veteran's Hospital of which the specialists they need are not available. If they are available, it could take months for the patient to be seen. Sometimes, months are too long and unfortunately, only the patient suffers." Unmet needs include counseling services for Military Sexual Trauma (MST) and Post Traumatic Stress Disorder (PTSD), assistance with evaluating and managing prescription drug treatment, potential suicide ideation, navigation through the available resources, support for families, assistance with financial challenges, and homelessness. As one veteran expressed it, "Veterans are all different!"

"Spouses are falling through the cracks. People can't afford funeral expenses. Then we had this one lady, 93 years old, she was getting kicked out of a health-related facility but she didn't know when her husband passed away 13 years ago, she had a widow's pension."

—Surprise Veteran Provider

Accessibility of general services was another challenge expressed. Surprise providers noted that services often remain in downtown Phoenix because, although services are supposed to cover all Maricopa County, there is little incentive for providers to leave downtown when quotas can be met without "putting in any leg work to go to Surprise." On a regional note, Senator Sinema and her office staff have developed a veterans class to walk through available benefits. The Surprise HSCV Department is also working closely with the community to bring groups together to develop plans for a veterans' hall and a veterans' home in Surprise, specifically in the original town site.

[*For more voices of veterans, join them in Attachment D.*]

Survivors of Violence (Domestic, Sexual, and Hate Crimes). Although domestic violence is a crime that is consistently under-reported due to fear, lack of information about available services, no guarantee of security, and the uncertainties associated with future ramifications, the number of *reported* cases in Surprise for each of these types of violence is relatively lower than other Arizona communities reviewed. This is the likely explanation for this population group to be ranked within the Second-Order Tier of Human Services in Surprise. It is impossible to determine if the cases are unreported on a large scale or the incidents are largely "invisible" within the community. The Surprise Police Department received an average of 12.0 calls per week for "family violence fight calls" during the past year (July 2018 - June 2019). However, one of the concerns reported within the community was the reluctance of violence survivors to name their situation as domestic violence. They cannot be assisted by domestic violence shelters and access domestic violence resources unless they acknowledge their circumstance. In that case and if they are homeless, the only alternative for them for shelter assistance is CASS.

Greatest Strengths for Survivors of Violence

- **Eve's Place legal and emotional advocates**
- **Police department support**
- **Court appointed victim's advocate**

Greatest Challenges for Survivors of Violence

- **Identification of DV in order to receive services**
- **Sexual assault resources**
- **Short respite period for healing/ coping**
- **Trauma counseling**
- **Emergency housing and response to immediate/urgent needs**
- **Faith community connection**
- **Intermediary for joint custody drop-offs**
- **Transportation to safety**
- **Financial assistance for daily needs and child care for work**

> **"It's the reason I'm homeless now. I had a great job. I had everything. Then I got roofied and raped. And I couldn't handle life after that. I lost my job. I'm living in my car now."**
>
> **—Survivor of Sexual Assault**

In addition to the domestic violence calls, sexual assault calls to the Surprise Police Department average 2.9 calls per week, resulting in less than one sexual report filed every two weeks, on average. Those sexual assault calls that do not become formal reports are generally related to a previous report filed, determined to be the responsibility of another jurisdiction, or related to an unfounded call or the refusal of a victim to file a report. Only 3 hate crimes were reported over the past year.

During the focus groups and interviews and through the surveys, domestic violence survivors were quick to share their gratitude for the quality professionals who have linked them with critical resources: Surprise Police Department's caring response, Eve's Place, Sojourner, and A New Leaf, to name those most often cited. The process of healing requires a brief respite period to gather strength and to regain a sense of self. This was a missing gap in dialogue with survivors who had to completely transplant their lives without respite time for coping and transitional counseling after feeling like "literally the rug was pulled out from underneath me." Healing from trauma was especially challenging in joint custody circumstances: "This is a safety issue for me. I have to face this person who hurt me and drop my son off to him while I'm fighting for full custody which I may never get. If there was a driver to pick him up so that I wouldn't have to constantly see and face my abuser. When I get off of work and I know I have to go around the corner to the house, I start feeling flushed because I know I have to look at him. This is trauma."

> **"Eve's Place is amazing. Regina the legal advocate has helped me file court paperwork, given me advice on the right way to file things to avoid costs. Elsa is my emotional advocate. When I talk to her, I feel better."**
>
> **—Survivor of Domestic Violence**

Emergency shelter during this critical period also becomes an immediate and urgent need. Then the financial realities set in. Sometimes a transition from a relatively affluent home to financial struggle is unfamiliar and the budgeting is overwhelming. Safety becomes a haunting objective; child care is paramount. Mental health counseling is critical for both the adult and the children. One resource for limiting difficult communications can be found in an app called "Our Family Wizard." This app (although somewhat expensive at $130/year) can assist survivors with minimizing trauma as it manages and facilitates communications between separated/divorced parties, protecting, documenting, and flagging inappropriate communications.

Throughout the research process, the I&E Consulting team connected with survivors of violence interested in 'giving back,' but counselors suggest that these volunteers must be finished with their own recovery process and healing before interacting with current victims. Partnering with programs designed to assist individuals with their healing process would be fruitful in finding and training volunteers for this important task in the community.

[*For more voices of domestic violence survivors, join them in Attachment D.*]

Individuals with Mental Health, Behavioral Health, Substance Abuse, and Health Care Needs. Earlier in this section of the report, reference was made to this distinct and separate population group that emerged from the research process. The importance of addressing these concerns prior to and as an integral part of any individualized holistic approach to meeting human services needs is critical to an individual's success. The critical importance of the foundational needs expressed by this group is voiced by nearly every segment of the community with which the I&E Consulting team interacted—the individuals receiving services or in need of services, nonprofit and city providers of human services, representatives of the education and public sectors, and faith communities. Fundamental to these individuals is not only appropriate referrals, but follow-up and stabilization after services are rendered. This group will be addressed again in Part IV under "Priorities and Recommendations."

"Recovery Innovations has a no-door-closed policy for law enforcement. If we encounter someone with a mental disorder or disabled, we can take them there and sign them in, no questions asked."

—Chief of Police Terry Young

The stories are unique but all with the same critical need for treatment and/or counseling services:

- "We've had more students hospitalized last year than ever before."
- "With mental health services there's an access difficulty for the families who have insurance—either the co-pay is so large it's not feasible for them or they make too much money to get assistance so they can't afford them."
- "As part of our social worker program, we are working to provide topics for family engagement such as suicide, self-harm, vaping, opioid/drug use, cigarettes. When those nights are scheduled, I need that resource."
- "Community Paramedicine Program CM301 is a vehicle through the Surprise Fire department that, assuming that somebody voluntarily wants to seek behavioral health treatment and care, we will take them and the family member to the appropriate service and get people help within a few minutes as opposed to a couple of days or a 20-hour wait time at the ER." (Additionally, the Fire department has a crisis response team of 82 volunteers and a program that responds to frequent users of the 911 system and connects them with different social services.)

"I've been diagnosed with depression, co-dependency and borderline personality disorder. I need counseling. It would be easier for me to get on my feet and deal with the things going on with me now that I can't deal with. It would help me get a job. I just got in trouble for shoplifting and it sucks because it is on my record and harder for me to get a job. Would be good for me to keep me off the streets and out of trouble."

—Homeless Woman Living on the Streets

- "That's how we lose 23 a day. Need for counseling. I had a family member. She had anxiety, PTSD, depression. She went to the VA several times stating that what they were giving her wasn't working. She stated that she was having issues, not able to deal with work and the kids. Whatever medications they were giving weren't working. The next day she committed suicide. Addiction and mental health are not a cookie cutter response. They push medicine. It's the first thing given. I have a shelf full of Vicodin that my doctor gave me every time I saw him. I had to tell him don't fill another prescription for me – I'll tell you when I need it. Oxycodone. Vicodin. Pills."

- "We get a lot of drug abuse calls with the teens. These parents are looking at us for answers, and the resources aren't there."

[*For more voices of individuals with mental health, behavioral health, substance abuse, and health care needs, join them in Attachment D.*]

City of Surprise Sponsored CDBG Online Survey Results. With the understanding that the I&E Consulting team would be conducting research within the human services community, the City of Surprise simultaneously released their required CDBG survey with the expectation that an analysis of the results of the two parallel surveys might yield additional nuances in the research process. This survey was sponsored and managed by the Human Services & Community Vitality Department; however, I&E Consulting reviewed the results of the survey as a part of this report. The City of Surprise received 239 responses to the online survey. The vast majority of responses to the survey were from residents (96.23 percent).

The areas within the survey related to the delivery of human services revealed concerns closely related to those identified in the needs assessment research:

- Top economic development need – concern for more jobs (58.89 percent of respondents)
- Top public facility needs – youth centers (49.24 percent of respondents) and additional parks and recreation facilities (45.77 percent)
- Top public service needs – youth services, transportation, employment services, and services for individuals with disabilities
- Top community development need – planning (55.96 percent of the respondents)

Interview Validation and Support. The I&E Consulting team utilized group and structured interviews to probe for in-depth support and validation of the data gathered through the survey and focus group process. The transcripts were analyzed and information shared was synthesized to further corroborate the research results contributed by service recipients and providers and to fit the data into the bigger picture of the Surprise human services community.

Input from the Community Forum. This forum was attended by 140 individuals from the human services community, including people from the public, private, medical, educational, faith, and nonprofit providers sectors of the community. The research team reviewed preliminary findings and a sampling of recommendations for further discussion. Several community members stepped up with offers to work with the human services community to provide support for Surprise residents in need, including: a mobile shower unit for homeless individuals, an employment hub for job seekers (at no cost to the community) offered by two faith communities, and a bank which offered to provide financial literacy for the community and the schools in the community. Some of the primary input received from this forum is summarized below (those responses repeated among various breakout groups are presented in bold type:

Question 1: SOLUTIONS – What is necessary for partnerships/collaborations (e.g., service providers, faith communities, schools, government organizations, businesses, neighborhood associations, residents) to effectively provide resources to address critical community needs? What are some unique solutions — both on an emergency short-term basis (1-3 months) and an affordable long-term basis?

- Emergency short-term solutions
    - **Expanded mobile crisis response team to provide expedited responses**

- **Council funding to provide a "crisis fund" to keep people stable while they wait on resources**
- **Emergency services for the first 5-7 days in crisis (e.g., jail release, domestic violence)**
- Simple, organizational structure chart, that lists services for each of the seven population groups, including appropriate points of contact for each service
- **Central site for resource coordination, call center connection, information on wrap-around services, navigators to access resources and insurance coverage**
- **Follow-up accountability for completing next steps**
- Voucher programs for immediate needs, such as local transportation
- Volunteer subsidized driver corps to fill immediate transportation needs (similar to Benevilla's driver's training volunteers)

- Longer-term solutions
  - Community organizing and proactive outreach around similar needs, including more community forums, organization of faith communities, a Surprise Planning Day, partnered with fire station open houses, neighborhood empowerment, logo/icon for assistance
    - **Volunteer coordination**, including mentoring for both adults and youth, employer volunteer days,
    - A "Surprise Day of Service" in which hundreds of volunteers are mobilized to solve a specific community problem and deliver the solution
    - **Volunteer corps of senior and skilled individuals to donate time and resources**
    - Recruitment of pro-bono health professionals for various health services
    - **Offer a central location for donating goods and services, including an app where community members can match needs and provide donations**
  - **Mobile clinics and services (including health clinics like those federally funded in CA)**
  - Target new business incentives for investing in vulnerable Surprise populations, including recognition for extensive support
  - **Youth hub to provide classes, music, art, youth sports, and events**
  - Professionally trained and vetted corps of survivors to get involved with programs
  - **Training modules funded for city employees, first responders, volunteers, and community members at-large**
  - Training workshops for federal grants
  - Sustainability including passing a sales tax to support local needs, addressing root causes, providing objective facilitators, breaking solutions down into manageable pieces, partnering with Dysart for life skills training at night, removing gatekeepers who deny access, focusing on service over program requirements

Question 2: SYSTEM OF CARE FOR MENTAL HEALTH, BEHAVIORAL HEALTH, SUBSTANCE ABUSE, AND/OR HEALTH CARE TREATMENT SERVICES – How do you build a system that considers short-term & long-term circumstances of individuals and families/youth affected by mental health, behavioral health, substance abuse, and/or health care concerns? Consider the "where", "who," and "how" of this with all sectors involved [i.e., providers, public, private (volunteers), education and the faith communities.]

- **Facilities plan and potential funding sources**
- Community forums
- Peer support specialists
- **Support groups for adults and youth and providers in city-provided spaces**
- **Education of the public to identify needs and remove stigmas surrounding diagnoses/problems**

- **Mobile units (streets, schools, jails, medical facilities, work places, shelters)**
- **More local services in general, including connections (beyond the court system) with Sage, Terros, healthcare professionals to assist in creating strategic partnerships**
- **Follow-up and accountability/transitional support**
- **Telehealth system or a means to track individuals all the way through their mental health journey**
- Legislation for research and funding
- **More social/emotional counseling opportunities**
- Mental health and behavioral health resources for youth in partnership with Dysart Unified School District
- Re-entry programs
- Mentoring for veterans for treatment court
- "Warmline" resource referral for someone to offer assistance

Question 3: "HOT TOPIC" Brainstorming

- Transportation
  - Priority needs
    - Who? Youth, seniors, students, low-income individuals, disabled working poor, homeless, foster youth, neglected youth, individuals with mental health challenges, veterans, "go-go grandparents for veterans," youth aging out of foster care, unconnected individuals
    - Where? High school to high school, highly populated designated areas, medical appointments, food access, banks, community center, Laundromat, restaurants for socialization, AZ TechCelerator, circulation routes to parks and rides, discharged hospital patients, Ottawa, job interviews
    - Interim solutions?
      - Shuttles/vans at common stops, **Uber, Lyft, Rideshares (free/grant funded),** voucher program, maintenance of vehicles, Uber credits, partnership between grocery/medical
      - Vouchers
    - Long-term solutions?
      - **Fixed mass public transit system (Chandler – specializing in mass transit)**
      - **Bike lanes and free bike use/bike donations**
- Employment
  - Employment options/needs to be brought into Surprise for both skilled and less skilled workers
    - **Trade representatives to offer training**
    - **Expanded West-Mec**
    - **AZ TechCelerator expansion to broader communities**
    - Dysart Unified School District opening schools for evening community trainings
    - **Funding/scholarships/apprenticeships for skilled positions/vocational skills, including for those in recovery from substance abuse**
    - Job fairs/job opportunities communication resources
    - Lending closet and job preparedness modeled after Fresh Start
    - AZ at Work
    - Partnerships with employers to match employment needs
    - Incentives to employers to hire individuals struggling with employment
    - Child care for interviews

    - Market incentives to employers who will hire disability and special needs employees
- Location of employment hubs
    - Kiosks/**mobile services ("Employment-on-the-Go") for on-the-spot interviews and job search**
    - **Libraries, schools (including lobbies for parents when dropping off students), churches, universities, rec centers, hospitals, community centers**
    - DES "one-stop" center
- Emergency Shelter
    - Priority needs
        - Individuals and families in crisis, homeless, youth, veterans, small families, domestic violence survivors, pets, individuals in transition, individuals and families facing eviction, formerly incarcerated, LGBTQ+ youth, individuals experiencing employment crises
    - Potential Solutions
        - **Small shelter in Surprise rather than shipping individuals and families elsewhere**
        - **"Safe zones" in the community to park/sleep**
        - Second chance shelters
        - Vacant spaces
        - Best solutions in nearby communities, e.g., Mesa and Tempe
        - I-HELP and faith communities
        - Excess beds in hospital and health care organizations
        - **Excess beds in local hotels**
        - **Air BnB excess bed partnerships** ("Check a box if willing to accept emergency circumstances.")
        - Integrated low-cost housing to de-stigmatize "low-cost" options
        - Emergency lodging for the night
        - **Long-term affordable housing**
- Private Donor Sponsorships
    - **Donor Fatigue – Approach donors as a group to sustain consistency, including government, grants, foundations, corporate/private sector**
    - Pro-bono Surprise list on paper offering tax write-off, managed applications to receive donations
    - "Support/partnership" rather than donor terminology
    - School auditorium fundraising events
    - Negotiated rates and billing with businesses
    - Sports teams, private buildings, private individuals, law clinics with donated attorney appointments, health professionals, internships with local universities, trade schools
    - Mobile shower program and self-care days
- Information Sharing
    - Home repair resources (Habitat for Humanity, Rebuilding Together, Foundation for Senior Living)
    - Family resources updated regularly within the schools (District or home page, parent information, principal's morning announcements, on-the-spot meetings when parents drop off children
    - **Diverse social media (Surprise website, email blasts, public advocacy, El Mirage electronic billboard, apps to access resources, professional apps**
    - **Community events/resource fairs**

- Monthly Celebration of Diversity and Human Services event highlighting progress and services
- **Targeted education/communication campaign** (new protocols to allow law enforcement providers access to information that balances public safety)
  - ❖ Connection with school social workers
  - ❖ City booth at school activities and meet the teacher nights
  - ❖ Faith communities, food banks, agencies, parks, stores, public schools, community colleges, bars, liquor stores, handouts for first responders, gas stations, restaurants/coffee shops, gyms
  - ❖ **Quarterly forums/meetings focusing on resource sharing with representatives to connect to services (staggered times/dates for community participation)**
  - ❖ **Mobile resource truck (in conjunction with the block party trailer)**
  - ❖ Expanded Resource Center
  - ❖ Community bulletin board
  - ❖ Dedicated section in Surprise newspaper
  - ❖ **Direct mailings** and newsletters
  - ❖ Trusted community members
  - ❖ Rental communities

Participant Reflections on the Greatest Advantage of Living in Surprise. Although the purpose of focus group research is to gather comprehensive information and data from a range of diverse individuals in the most efficient manner possible, the intensity of the input from focus group participants geared toward improving the delivery of human services within Surprise did not dampen the enthusiasm of participants when asked, "What do you consider the greatest advantage of living, serving or working in Surprise?" The overall attitude of pride in the community and agreement that "this is where I *want* to live" provided the I&E Consulting research team with an understanding that throughout the focus group process participants were expressing a sincere desire to make an outstanding community even better.

"I've had the opportunity to teach around the country and the old saying, there's no place like home? That's actually very true. There are places we can look for role models but Surprise is a step above."

—Fire Chief Tom Abbot

When focus group participants were asked, "What do you consider to be the greatest advantage of living, serving or working in Surprise?" the responses of Surprise citizens will provide the energy needed to make the important decisions to move forward—

- ✶ "People here aren't opposed to ideas."
- ✶ "Great place to be!"
- ✶ "The people of Surprise – they are friendly!"
- ✶ "Clean and safe! Tranquil!"
- ✶ "Stores are close by."
- ✶ "Law enforcement is heavily involved!"
- ✶ "Amenities!"
- ✶ "Dr. Kellis is all about saying, 'Yes! How can we help?' That is his attitude. Breath of fresh air."

"Surprise has the right culture in terms of providing services to its community members. There's a genuine concern, a great collaboration, everybody works together. We look to the future; we try to identify what people need, and then we go to work trying to figure out how to get it for them. That's a great statement for the city!"

—Police Chief Terry Young

- "Beautification! I was impressed – there was graffiti on one of the walls and in the next two days it was gone! I really appreciate that because I see where my tax dollars go."
- "Surprise is a very fast-growing community so there's a lot of excitement about being part of that growth. It's vibrant. The leadership in Surprise is very good. They have been excellent in reaching out to the District and partnering—like with the neighborhood parks, the facilities, we have a government agreement with the City. There is no tension between the two entities. They support us at every meeting. We just dedicated our preschool and half the City Council was there. The kids say the Pledge at the Council meetings. There's just a good relationship here." – Dr. Quinn Kellis, Superintendent, Dysart Unified School District

Mayor Skip Hall sums it up in these words:

> We are very sensitive to the Broken Window Theory—it is a theory that if we leave a broken window very long, you'll get another broken window. And pretty soon you'll get a lot of broken windows. So, the idea is if you have a broken window, fix that window right now. That is how we are in our city. We are clean and safe in our city. I want to live here. People leave cars unlocked and leave garage doors open because they feel safe. It is how people look at life in Surprise!"
>
> We are a young city and are now ready to concentrate on our social infrastructure. We have a really good water system; sewer system; police; fire; working with youth, veterans, and people that need services—we established a department just for that reason that is just three or four years old. We as a city have a role—working with community partners, the County, the State—to help people who are struggling and need a little help here and there.
>
> My goal as a Mayor is to represent and set an example of human kindness. It is a matter of walking the talk and being supportive of Seth and his staff and relating to people who are in need of support.

Part IV
Priorities and Recommendations

In 2010, the Surprise History Project published a 104-page book and accompanying DVD documentary to tell the story of Surprise. Sherry Simmons Aguilar, the Executive Director of the project and City Clerk, took a personal interest in Surprise's story. She was born and raised in the original town site and commented that she had lived and worked in the city her entire life. The preparation was challenging, because in her words, "Most cities that attempt to write their history can call upon records kept at the local historical society or in the city archives. We began this project without either resource. We had to create the archive before we could take the next step—recording the history." Chapter Four of the book that set out to document Surprise's history saw the dawning of "A New Era: Change Overtakes Tradition." That is an apt description, especially for those like Sherry Simmons Aguilar who grew up in the original town site and has been present to the rapid growth over the last several years. The narrative of the report also reflects on the effects of the credit crisis and the recession that rocked the national economy in 2007 through 2009—a national disaster that led to personal financial devastation, housing emergencies, and "a potential municipal crisis." City leaders acted quickly in 2009 to proactively address the issues focusing on three areas they believed offered the best opportunity to make a difference—public safety and general welfare, homeowner associations and neighborhoods, and education and lender awareness. Ten years later in 2019, city leaders are once again proactive in addressing the issues of the community.

Many challenges typically accompany growth—not the least of which is the need to accept a new character and to approach decision making in a way that serves the best interests of the city and its residents. Many challenges also accompany the depth and complexity of a recession, in the past for some but leaving the mark of slow recovery for others. Through it all, city leaders in 2009 agreed on the need to create strategic partnerships to achieve these goals and recognized that approach as one "that would resonate with early city leaders who relied on creative resourcefulness to run the town." The call for this human services needs assessment is the latest move by city leaders determined to assess the needs of the community and committed to the understanding that creating strategic partnerships to meet those needs continues to be the best solution to change—while never losing sight of honoring the people and the character of the tradition that marks Surprise as a community that cares.

Specific areas of concentration have emerged in the research and needs assessment process to assist Surprise as it continues to grow. While Surprise has offered a distinctive sense of welcome that attracts large numbers of diverse individuals and families new to the community, the demographics that define Surprise call for planning tailored to both those who are new and those who have called Surprise "home" for many years. City leaders, through the hard work of Seth Dyson and the staff of the Human Services & Community Vitality Department, are to be commended for their willingness to look into the face of change, learn more about the human services needs of residents, and work with community members to manage growth in a way that maintains an acceptable quality of life for all who live, work and play in Surprise. This Human Services Needs Assessment resulted in an extensive community outreach that gave a varied group of residents the opportunity to provide input on the specific topic of the need for human services that touches the lives of more than one-third of Surprise residents.* (See the footnote on the next page for further detail.) The City Council, City and nonprofit service providers, and Surprise residents understand the importance of effective delivery of human services with an eye toward the identification of emerging needs and potential gaps in services.

The recommendations and priorities in this section of the report will address specifically—

- Prioritization for the delivery of human services, as determined in written and spoken dialogue with the human services community,
- Identified gaps/improvements related to the delivery of human services to Surprise residents in need,
- Prioritized recommendations and strategies to address gaps, and
- Prioritized suggestions for local and/or regional partnership strategies.

Each of these areas of inquiry will be addressed in separate sections in the order presented. In addition, two additional brief sections on "Asking the Tough Questions" and "Recommendations for Further Research" are included. I&E Consulting stands ready to assist Surprise in implementing these recommendations as needed.

Note: Although the Scope of Work specifically required the prioritization of recommendations within this report and the I&E Consulting team developed the following list with an eye toward ranking the recommendations in order of their far-reaching criticality and effectiveness, as expressed by participants engaged in the research process, the team recognizes that timing and feasibility can have a significant impact on the order of performance.

Prioritization for Delivery of Human Services to Surprise Residents

Part I of this report provides strong evidence of Surprise's success in building a vibrant community. The request to conduct this needs assessment study is a major step toward identifying and prioritizing human services needs that fit the current demographics of Surprise residents. The definition of these dynamics means that city leaders need to look to the future and determine how to address the growing human services needs in the community. Surprise leaders will be challenged with decisions related to how they can best address the needs of individuals and families within the identified population groups which, in turn, impact all Surprise residents.

Rank Ordering of Population Groups in Terms of Greatest Critical Need. To recap the results presented in Part III, one significant measure of the prioritization for the delivery of human services in Surprise is derived from a survey question in which representatives from the human services community (recipients and providers as well as members from the community-at-large) rank ordered the six population groups included in the original RFQ, from the greatest need for more services in terms of urgency to the least critical need on the basis of their perceptions and experiences. This survey question took the research requirement to identify the "greatest needs in the community" to the best source for this information—the members of the community with a keen awareness of the needs. Participants were assured that they would not be advocating "robbing" resources from one of the population groups in order to "pay" more resources to another group. In fact, no one engaged in the process of identifying the greatest needs in the community believes that *any* human services area is currently over-funded.

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*Due to significant overlaps between the six human services population groups included in this study, this calculation for Surprise is a *conservative* number extrapolated from the research, based on the following statistics: senior residents (65+) = 22.6% of the population (5.2% below the poverty threshold); age 18-64 residents below the federal poverty threshold = 9.3%; youth in 11 schools in the Dysart Unified School District qualifying for free/reduced lunches; residents under age 65 with disabilities = 9.2%; plus residents in crisis, based solely on public safety calls related to suicide, mental health issues, domestic violence, sexual assaults, and substance abuse. This calculation is deemed to be a *conservative* estimate, because it does not include any numbers for services to the homeless or services to families in crisis.

The raw data gathered from the surveys in response to this question ranking the criticality of needs clearly divided the six population groups into a prioritized definition of two tiers of services, confirmed by qualitative responses to the survey and in the focus groups. (See Part III, in the section entitled "Survey of Rank Ordered Population Groups in Terms of the Greatest Critical Need for More Services" for a statistical description of the determination of these two tiers.) The two tiers that follow are drawn from the rank ordering of assessment participants—recognizing that all six groups have needs:

First-Order Tier of Human Services in Surprise

- Low to Moderate Income Individuals and Families/Youth
- Homeless Individuals and Families/Youth
- Individuals with Disabilities/Special Needs

Second-Order Tier of Human Services in Surprise

- Seniors
- Veterans
- Survivors of Violence (domestic, sexual, hate crimes)

The reader will recall from Part III that another critical aspect for better understanding the responses to this question is the recognition of the definitions for each of these groups provided in the section of this report entitled "Human Services Population Definitions." An important point of understanding is that the six population groups identified for focus in this needs assessment project demonstrate significant overlap and cross the line between the second-order tier and the first-order tier based on the urgency of their needs, e.g., domestic violence survivors may be immediately homeless due to low income and may include family members young and old, some possibly with special needs.

In addition, the Scope of Work directed the research team to *not* limit the research to the six population groups if emerging groups were identified through the research process. One group emerged as demonstrating separate needs that the community *strongly* recognized as significant for focused attention (with repeated references in qualitative survey responses, multiple focus groups, and interviews)—Individuals with mental health, behavioral health, substance abuse, and health care treatment needs. Based on data analysis, the level of repetitiveness demonstrated a need to insert this emerging group into the survey ranked tiers as a separate, overarching and universal group touching all population groups under study.

Identified Gaps/Improvements Related to the Delivery of Human Services to Surprise Residents

Prioritized List of Recurrent Universal Themes Across All Population Groups. The survey and focus group data were studied in depth and transcribed by two PhD-level researchers experienced in data synthesis and analysis. Utilizing qualitative coding techniques to identify categories (themes) useful for prioritization, this level of analysis provides distinct categories of significant agreement within the human services community in Surprise, including a number of themes recurrent across all population groups, as described more fully in Part III of this report under the section entitled, "Recurrent Universal Themes Across All Population Groups within the Community." Identified universal gaps are considered

critical within each of the population groups below and are considered a first priority in each case. These identified themes common to surveys, focus groups, and interviews include (in order of prioritization):

1. Response to those individuals and families in immediate, urgent need
2. Need for a coordinated system of community partners working together to address immediate, urgent needs using a community-based human services delivery model
3. Access to mental health, behavioral health, substance abuse, and health care treatment services
4. Solutions to local transportation needs
5. Additional safe, affordable housing options
6. Awareness/communication of available services
7. Enhanced planning for community building, collaboration, and partnership communication
8. Employment (for most population groups)

Each of these themes will be addressed within the prioritized recommendations offered later in this section of the report.

Prioritized List of Greatest Challenges by Population Groups. In Part III, the ordering of the six population groups into two tiers on the basis of the greatest need for more services in terms of urgency was reported in detail. The combined data from all sources clearly called for the addition of a seventh critical emerging group that overlaps documented needs within each of the initial six population groups and was ultimately inserted into the #1 priority position of the seven groups defined by the research. Survey and focus group data were then used to create a prioritization of the most critical needs *within* each of these population groups. Therefore, to support recommendations in the next section of this report, the prioritized list of services needed within each of the above groups is presented below:

1. **Individuals with mental health, behavioral health, substance abuse, and health care treatment needs <u>across all population groups</u>**
    a. Access to assessment and treatment services
    b. Affordable counseling and continued recovery assistance
    c. Safe, accessible housing (in this population group, housing also includes residential treatment services, as needed)
    d. Linkages and access to additional affordable, more immediate healthcare services including prevention (e.g., yearly exams), basic health care needs, and specialized health circumstances (e.g., injuries or disease).
2. **Low to moderate income individuals and families/youth**
    a. Basic human needs and preventive emergency assistance (including clothing and medical care)
    b. Safe, affordable housing/shelter
    c. Housing advocacy, e.g., to avoid homelessness caused by excessive rent increases beyond the ability to pay and to monitor unsafe housing conditions
    d. Employment and trades assistance (including eliminating long service wait times)
    e. Opportunities for education
    f. Affordable, safe child care
    g. Re-entry services for previously incarcerated individuals
    h. Budgeting/financial, credit repair, and computer literacy
3. **Homeless individuals and families/youth**
    a. Safe emergency housing, especially for the most vulnerable
    b. Basic needs like safety, water, laundry and shower facilities, restrooms, storage lockers, heat relief, clothing/shoes

c. Mobile clinics to meet all health needs
d. Rental and legal assistance
e. Job opportunities
f. Transitional assistance
g. Foster youth assistance for young people aging out of the system
h. Compounded crisis assistance

4. Individuals with disabilities/special needs

a. Community integration (accessible resources, housing, employment, transportation, wheelchair accessibility)
b. Affordable disability/personal care assistance
c. Assistance in accessing services
d. Respite for special needs caregivers
e. Transition assistance (different ages and stages)
f. Health concerns due to anxiety, fear, stress, and prescription drugs

5. Seniors (over 62 years of age)

a. Transportation assistance specific to the unique needs of the elderly
b. Dementia services
c. Community building/engagement to meet socialization needs for those living alone
d. Grief and loss support
e. Vetted in-home care
f. Additional socialization and learning activities
g. Assistance for elder abuse
h. Trusted navigators to walk seniors through unfamiliar experiences
i. Grandparents raising grandchildren
j. Safe housing advocacy

6. Veterans

a. Advocacy for accessibility and qualification for services
b. Specific health challenges (PTSD, Military Sexual Trauma, prescriptions/substances, moral injury)
c. Health care not met by VA services
d. Family support assistance
e. Navigation of transitional support resources
f. Budgeting/financial literacy
g. Financial challenges
h. Homelessness

7. Survivors of violence (domestic, sexual, and hate crimes)

a. Advocacy for victims of domestic violence to identify the violence in order to receive services
b. Sexual assault resources
c. Short respite period for healing/coping
d. Trauma counseling
e. Emergency housing and response to immediate/urgent needs
f. Faith community connection
g. Intermediary for joint custody drop-offs
h. Transportation to safety
i. Financial assistance for daily needs and child care for work

Prioritized Recommendations and Strategies to Address Gaps

Recommendation # 1. Revisit the criteria for FY2019/2020 Surprise city grant funding for human services to reflect the assessment-identified prioritization of needs for all human services population groups.

a. Make the Surprise Human Services Needs Assessment visible and accessible as a link on the Surprise.gov web site to acknowledge the needs/gaps identified through community input; respond to requests for access to the report by citing the link.
b. Make relevant portions of the assessment available at requested community sites where internet is not prevalent (e.g., Senior Center).
c. Develop a new plan for FY 2019/2020 in which Surprise providers are asked to offer specific responses to the identified needs/gaps outlined in the report, to include:
    i. A plan for addressing one or more of the most critical needs/gaps identified in this report, specifically relating to the six population groups named below. Additionally, each agency must detail the services they provide, if any, for the newly added seventh population group, "Individuals with mental health, behavioral health, substance abuse, and health care treatment needs," which overlaps all of the other six groups (see 1.b.ii. below). Alternatively, agencies where mental health, behavioral health, substance abuse, or health care treatment/services are identified as their *primary* services, agencies may submit a proposal responding to the needs of the seventh population group but then must detail how their services respond to the needs of one or more of the other six population groups within Surprise:
        a) Low to moderate income individuals and families/youth
        b) Homeless individuals and families/youth
        c) Individuals with disabilities/special needs
        d) Seniors (over 62 years of age)
        e) Veterans
        f) Survivors of violence (domestic, sexual, and hate crimes)
    ii. Require a description of how their services provide for/coordinate their clients' *access to* the overarching gap identified in all population groups for "mental health, behavioral health, substance abuse, and/or health care treatment needs," if their agency is not equipped to meet those needs.
    iii. Provide a clear description of the population group(s) served with the opportunity to identify if/how their services realistically serve two or more of the human services population groups funded, e.g., the closely related low to moderate income and homeless groups
    iv. Develop a realistic measurement for the achievement of performance goals related to specific population group needs/gaps
    v. Provide a description of detailed follow-up and stabilization plans that include multiple parties after services are rendered (i.e., faith communities, schools, family/friends, support groups/health partners, and public safety, as appropriate)
d. Evaluate providers on the basis of their plans for increasing and mobilizing volunteer efforts within the community.
e. Consider the possibility of providing funding for capacity building and partnership development with an eye toward increasing/leveraging alternative funding sources to meet the human services needs of the community.

Recommendation # 2. Develop a strategic plan to build a "community-based human services delivery model"—a system of community partners with defined roles, working strategically together, to address immediate and urgent basic human needs for individuals and families residing in Surprise and for homeless individuals in Surprise (housing, food, safety, clothing, and health care for individuals of all ages and families in crisis, including youth), always with an eye toward planning for long-term critical needs.

a. Develop an emergency hotline/referral system for individuals identified with the most basic, urgent, and immediate needs, including the creation of a "prioritization of need" continuum and an effective communication plan for community partners to make the resources known to first responders, providers, education administrators, city staff, faith communities, and community members. Threats to life, safety, and serious health concerns are primary. Basic human needs associated with housing/emergency shelter (beginning with the most vulnerable), food, clothing, and other major health concerns follow.
b. Create a simple, organizational structure chart that lists services for each of the seven population groups, including appropriate points of contact for each service.
c. Continue to develop the regular presence of human services providers in the Resource Center with a focus on the priorities identified by this needs assessment, top priority being services to meet basic human needs and immediate, urgent needs (e.g., food, shelter, clothing, health care, and safety, as well as mental health, behavioral health, substance abuse, and critical health care needs), including set hours of operation in lieu of office hours by appointment.
d. Provide access to critical services in satellites throughout the city that are accessible to those in need, e.g., at libraries, schools, low-income apartment complexes, the Senior Center, and the Community Center in the original town site. Where appropriate "brick and mortar" locations are not available, offer access to critical services through mobile units.
e. Expand the critical work being offered by the existing Surprise crisis response team to develop a resource similar to the CARE 7 model in Tempe and the two-team crisis model in Glendale. The CARE 7 in Tempe, as one example, is a "continuum of care" model that encounters clients at the point of crisis in their lives and continues support, assistance, and referral through the crisis point, healing, and recovery. Dispatched by Police and/or Fire departments, this 24/7 crisis team responds to incidents including domestic violence, auto accidents, sexual and physical assaults, suicides, homicides, and other unexpected deaths. They not only provide on-scene assistance and comfort, they also provide follow-up with certified MSW counselors and resources, such as assistance with filing for victim's financial compensation, orders of protection, court appearances, and funeral arrangements.
f. Provide resources for effective implementation of the newly-formed West Valley Interfaith Homeless Emergency Lodging Program (I-HELP) model that has been proven to be successful in the East Valley.
    i. Identify, inform, and train additional faith communities with sufficient care to integrate partners with adequate support for successful experiences (See also Recommendation #10 for training suggestions.)
    ii. Seek additional community resources to support the program and incorporate effective best practices:
        1. Expand the program as able to offer additional services (e.g., bank savings at various sites that allow participants to budget and save money for an apartment)
        2. Start small (serving 25 people) and establish essentials gradually (e.g., implement the meal routine effectively first)

3. Limit access clientele have to necessary spaces only
4. Identify an effective mechanism for delivering mats from church to church
5. Implement effective communication
    a. Non-judgmental, encouraging, building rapport slowly to allow individuals to see other options
    b. Quarterly meeting with primary coordinators to discuss challenges and celebrate accomplishments
    c. Celebrate accomplishments with clients
    d. Communicate successes with the community

iii. Arrange for appropriate HMIS training to ensure the system is used to its fullest capacity in meeting the diverse needs of clients and monitoring for redundant services

iv. Develop policies and procedures for the protection of both participants and hosts
    1. For example, allow faith communities to identify non-couple sleeping arrangements/spaces to honor principles of faith while hosting unmarried couples

g. Create a new Community Human Services Volunteer Coordinator position in the Resource Center (preferably a certified MSW counseling professional) to develop and enlist community partners in creating the new community-based human services delivery model. The volunteer model could include:
    i. Volunteer corps of senior and skilled individuals to donate time and resources (e.g., mentor for young adults, readers for children, pet sitter for seniors)
    ii. Recruitment of pro-bono health professionals for various health services
    iii. Central location for donating goods and services, including an app where community members can match needs and provide donations
    iv. Consider the developing Gilbert model utilizing justserve.org to match community volunteers to organizations/needs

h. Develop strategies to prevent at-risk individuals and families from sliding into homelessness through measures to stabilize the lives of those threatened with eviction.

i. Identify community partners with the potential for meeting critical needs of homeless individuals and families in the community:
    i. Safety
    ii. Water stations
    iii. Laundry facilities
    iv. Restrooms
    v. Storage lockers
    vi. Heat relief
    vii. Diapers for homeless families

j. Establish emergency options to address elder abuse concerns.

k. Develop a resource for family violence assistance.

Recommendation # 3. Develop an awareness/communication plan immediately to publicize existing services in Surprise and those accessible in nearby communities.

a. Provide guided training for referral of resources for city employees in all departments, faith communities, nonprofit providers, volunteers, and pertinent community members to close the awareness gap.

b. Develop an extensive community-wide campaign to raise awareness of available services and resources in Surprise.

c. Engage the various sectors in Surprise to identify the most effective opportunities for disseminating information: direct mailing to targeted neighborhoods, school partnerships to offer community resource navigation workshops within the schools, principal announcements, Dysart District page, newsletters/postings at key public locations, Parks and Recreation publications, information racks located in local faith communities, distributions at local businesses and community events, distribution through key gatekeepers within each neighborhood, and HOA newsletters.
d. Create a mechanism for ongoing communication among human service providers (nonprofit providers, city providers, schools, and faith communities), city staff, and the community-at-large to raise awareness of the existence of and quality of services offered within Surprise and nearby communities.
e. Expand the Resource Center as a one-stop center to provide enhanced awareness and referrals.
f. Explore options for targeted gatherings that encompass resource information sharing, celebration of community diversity (including special needs, cultures, generations, veterans), and health education (mental, emotional, behavioral, and physical) through partnerships with the Dysart School District and local health partners.

Recommendation # 4. Continue to pursue the development of additional safe, affordable housing and emergency/transitional housing, including a plan to establish a housing advocate to inspect unsafe housing conditions and excessive rent increases that put individuals and families at risk of homelessness.

a. Identify a plan to assist those who are "cost burdened" and are currently living in an at-risk status for homelessness and other crisis circumstances, such as job and vehicle loss, children's education disruption, and exacerbation of health conditions. Strategic planning is critical to alleviate the daily burdens for these individuals and families.
b. Provide emergency short-term temporary shelter assistance funding for homeless, low to moderate income individuals and families, and victims of violence.
    i. Identify extended stay placements for individuals and families getting evicted with priority for families with children.
    i. Permanent supportive housing subsidies for those with high level, complex needs who are not able to maintain housing
    ii. Housing and resource options that specifically consider families, women, seriously mentally ill individuals, the "chronic" homeless, and survivors of domestic violence, sexual assault, and sex trafficking
c. Call for a careful analysis of the possibility for developing low-cost options (such as additional specialized I-HELP programs) for the most vulnerable.

Recommendation # 5. Develop a community-wide coordinated program for treatment/counseling for individuals in need of mental health, behavioral health, substance abuse, and health care treatment services (includes a referral option for public safety, providers, schools, faith communities, and families in crisis).

a. Implement a consortium of services (including referrals, coordinated discharge meetings, and post-treatment follow-up) to develop critical services.
b. Increase visible treatment options for individuals in need of treatment counseling and services (immediate priority to life/death/health endangerment situations). Take an active role in working with health care professionals in the larger metropolitan area to explore solutions to meet the critical need for high-quality mental health, behavioral

health, substance abuse, and health care treatment options accessible to the human services community in Surprise.

c. Expand the services offered by Police and Fire to provide complete nursing assessments, medication reconciliation, referrals to medical partners, communication with primary care physicians, dietary counseling, pain management, caregiver support, and home safety evaluations. Provide follow-up visits and phone calls within one week of intake to assess the need for continued support.
d. Create a proactive priority to engage Ottawa University in collaboration and community partnership to increase opportunities for student internships with human services providers and first responders. Ottawa University offers a BA degree in human services, an MA in counseling, and MS in Addiction Counseling.
e. Establish a mobile traveling health care unit. The sites needing services are geographically dispersed. This mobile unit would not need to provide extensive care but would be a source of assessment and evaluation. A nurse practitioner would be the ideal individual in charge.
f. Rotate trained professional personnel to provide support group presence at high need areas such as the library and Senior Center following Peoria's model including a NAMI mental health support group that functions inside the library.
g. Create partnerships with local substance abuse facilities and organizations, including referrals to free 12-step programs, to develop additional sources of accessible treatment and strategies for addressing all forms of substance abuse and drug use within Surprise.
h. Develop a program for individuals to speak with caring, trained persons as mental health challenges arise. These may include:
    i. Peer Solutions model (approved/vetted/trained peers who are in recovery to assist)
    ii. 12-Step Emotions Anonymous model (with a trained counselor instead of a 1:1 sponsor when leading youth). This model encompasses literature about everything from anxiety to self-esteem and works 1:1 with sponsors. Care must be taken for counselors to be approved, vetted, and trained.
    iii. Warm lines and other NAMI resources
i. Implement prevention measures, whenever possible
    i. Promote broad-based awareness for the youth PSAs for family education about opioids (e.g., among student athletes) and other addictions
    ii. Bolster extra support mechanism around the holidays and other stressful situations (e.g., trained volunteers to support seniors in crisis from loss of a spouse or health concerns)
j. Develop after school or weekend clinics at the schools to partner with local health care facilities.

Recommendation # 6. Develop short-term and long-term solutions to transportation to include a free (or almost free) public transportation system modeled after other communities in the metropolitan area (Gus the Bus in Glendale or Orbit in Tempe).

a. Create interim local transportation options to alleviate burdens on residents pending long-term solutions.
    i. Explore options for volunteer drivers to assist with transportation needs, e.g., the grant funding for tutoring at the Dysart Community Center where volunteer drivers assist with transportation needs to fill in the gaps, Benevilla's model for volunteer

transportation, best practices from other communities such as Tempe Neighbors Helping Neighbors and Chandler/Sun Lakes Neighbors Who Care programs.

ii. Provide transportation vouchers for emergency shuttling to a safe location for those in crisis.

b. Identify the most cost-effective strategies for community funding of long-term local public transportation needs.

Recommendation # 7. Create a plan for community building, collaboration, and enhanced partnership communication strategies to raise awareness of the needs and corresponding opportunities to provide assistance (including cross-communication with all sectors of the community, i.e., public, private, business education, and faith communities), with a first priority focus on the untapped area of the private sector.

a. Create a version of Peoria's Diamond Club where proceeds from a night of baseball funds youth programming.
b. Identify the focus and service preferences of donors and community organizations to match with corresponding needs.
c. Offer naming opportunities to individual donors, businesses, foundations, and community organizations for development of facilities to meet the needs of the community.
d. Strengthen partnerships with public schools, college, and universities in Surprise and the nearby communities.
    i. Identify and fund training programs to enhance employment skills.
    ii. Identify veteran educational opportunities, e.g., Glendale Community College designated #8 among veteran-friendly two-year colleges in the U.S.
    iii. Tap into Ottawa University degree programs in human services.
e. Consider unique donor strategies:
        i. Develop a Surprise "donor app" that matches a vetted need with a community sponsor.
        ii. Adopt the Phoenix practice of "Giving Meters": Re-purposed parking meters decorated by local artists where donations can be made with cash, coins, or credit cards to assist individuals in crisis.
f. Offer multiple avenues for the entire Surprise community to take part in human services by offering an array of sponsorship options that match preferences to community needs, including:
        i. Private donation of land to build a Center for Veterans or Community Centers for expanded community building, well-being and general human service delivery.
        ii. Donor for a Youth Center dedicated to skills building
        iii. Brighten up the Senior Center (partnering between the seniors and the donors)
        iv. Educational scholarships to West-MEC for adults desiring to learn trade skills
        v. Library teleprompt computer for hearing impaired and special needs computer centers
        vi. A special needs respite care day for occupational and physical therapy sessions
        vii. Extended stay hotel vouchers for homeless families on 30- and 60-day wait lists for shelter
        viii. Food voucher and grocery delivery for seniors in need of assistance
        ix. Donation of homeless mats or a trailer for transporting mats for I-HELP
        x. Donation of consistent space for veterans to meet or for a veteran health care treatment fund

xi. Sponsor respite time for violence survivors and develop a self-care fund for services such as haircuts and exercise
xii. Sponsor local counseling sessions for PTSD and MST
xiii. Donors for meal and child care for financial literacy night for parents and another for teens
xiv. Discounted family night or weekend retreats
xv. Donor for Employment Hub computers and printers at the library for job seekers
xvi. Donor for health care day for high need items, such as immunizations for sports and health

Recommendation # 8. Continue pursuit of strategic priorities to bring more jobs, trade programs, tech jobs, and higher wages to Surprise while creating more expanded opportunities for skills training and jobs at a livable wage for unskilled and underemployed workers.

a. Offer incentives through the AZ TechCelerator to businesses offering training opportunities and jobs for Surprise residents as their businesses grow.
b. Set an example by placing a preference on hiring Surprise residents for jobs with the city and/or offer city employees an incentive to live in Surprise.
c. Develop an initiative to reward businesses for a hiring preference for Surprise residents.
d. Create accessible employment hubs across various parts of the community, such as apartment complexes, the public library, and faith institutions for connecting individuals with employment opportunities, e.g., a job bank coordinator that matches skill levels with available jobs and workforce readiness needs.
e. Partner with the Western Maricopa Education Center (West-MEC) to offer scholarship opportunities for adult programs specializing in trades.
f. Engage with Habitat for Humanity to facilitate Surprise residents to enroll in their new construction training program which incorporates construction training, OSHA 10, NCCER certification, a high school diploma if needed, and placement in a job, apprenticeship, or community college upon program completion.

Recommendation # 9. Revitalize the original Surprise town site.

a. Develop parks and revitalize the community center to bring amenities closer to those living in the neighborhood.
b. Create a vibrant historic town center in keeping with the character of Surprise and the research literature that equates successful cities with pouring attention, resources, and creativity into small businesses, entertainment hubs, training centers, and core services at the town center through private-public partnerships.
c. Create community opportunities to smooth the transition, options for transportation congestion, that will emerge with new residents in the affordable housing units to help anchor new residents as well as long-time Surprise residents.
d. Provide remodeling options for homes in disrepair, including Habitat for Humanity, Rebuilding Together, Foundation for Senior Living, and city funding, when available.

Recommendation # 10. Implement staff and volunteer training for human services sectors to include a menu based on clients served:

a. Motivational interviewing and effective communication strategies with clients (i.e., listen between the words, nonverbal communication, open-ended questions, opportunities for venting)

b. Trauma-informed care training (Arizona Trauma Institute)
c. Resource training on where to direct people, what resources are most helpful, and how to use the referrals in the resource manual
d. Mental Health First Aid Training
e. Domestic violence awareness and screening to support victims and potential victims of human trafficking (Sojourner)
f. Dementia – Master training/certification to understand dementia and Alzheimer's disease (Banner, Sun Health, Benevilla)

Recommendation # 11. Prepare now for the aging of Surprise residents to be ready to meet the human services needs of increasing numbers of seniors, projecting future needs and resources over the next five years.

a. Assess current needs and projected needs based on an aging population.
b. Revisit the bus services offered by the Senior Center in dialogue with seniors who use those services to work together to identify the most useful and cost-effective schedules, accommodating those who with disabilities and special needs.
c. Continue to expedite the plans associated with the planned services associated with the proclamation of Surprise as a Dementia Friendly City.
d. Create an elder abuse hotline and advocacy/trusted navigators for evaluating living conditions and safe, vetted in-home care resources.
e. Implement additional opportunities for socialization and learning activities for seniors, particularly those who live alone (drawing upon best practices from Peoria's Senior Center model).
f. Provide regular community building opportunities that include:
    i. Senior Center support liaison to provide support (e.g., card, call, flower) for anyone in need (e.g., grieving the loss of a loved one, fighting a health challenge)
    ii. Facilitated ice breakers to gain camaraderie and form friendships
    iii. Options for weekend gatherings (perhaps led by volunteers) for trips and learning experiences

Recommendation # 12. Create a plan for community integration for individuals with disabilities/special needs.

a. Identify accessible resources, housing options, employment possibilities, transportation options, and wheelchair-friendly activities.
b. Identify options for affordable disability/personal care assistance for the more affordable option of aging in place.
c. Provide respite opportunities for care givers through the Senior Center.
d. Create avenues for evaluating/identifying health concerns due to anxiety, fear, stress, and prescription drugs.
e. Market and create incentives to encourage in-town special needs services, specifically resources and support groups for people with disabilities

Recommendation # 13. Engage in bold strategies to make Surprise a premier model for veteran services and partnership building to assist with advocacy and identification of accessible, affordable resources.

a. Explore options for building a Center for Veterans
b. Promote and create accessibility to free and low-cost mental health services to address challenges associated with PTSD, MST, prescription/substance abuse, and moral injury.

c. Assist with support for families living with the effects of military health challenges.
d. Offer budgeting, credit repair, and financial literacy programs/counseling for career military who are transitioning into the civilian world.
e. Craft an MOU with veteran organizations to bring veteran partnerships with downtown resources to Surprise and other outlying cities on a regular basis (i.e., US Vets, UMOM who has a SSVF grant, Justice Center, Manna House, and OSHA).

Recommendation # 14. Focus on utilizing Surprise libraries as additional hubs for cost-effective service delivery by drawing on services and coordination already funded and budgeted and adding prioritized resources for services.

a. Promote and regularly coordinate activities to include STEM and book clubs for seniors, mobile library services at low income apartments and senior centers, Read On literacy program (free community books at events), disabilities resources (large print, audio books, and developmental disability/Adaptive Game nights and days, protection of personal information and avoiding online scams, library cards for all members of your family (children included, no verification or birth certificates needed, school literacy nights/parent-teacher activities, bilingual services to the Hispanic community, HIV/AIDS testing, therapy dog to read to, senior activities
b. Partner with the schools to follow a Glendale best practice in which a school contact sets up a resource in Title 1 schools that allows librarians to speak with guardians at drop off to connect with services and issue library cards on the spot
c. Seek funding for acquisition of computers and printers to utilize the existing conference space for job skills, career transitions, economic development courses, and computer classes. Create disability accessible centers (See Recommendation # 12).

Recommendation # 15. Set weekly office hours in the community to facilitate mobile services and community integration (e.g., Resource Center representative or "Council Hour Discussions" at the library, apartment complexes, and community centers).

Recommendation # 16. Follow up on the momentum established through the community forum, honoring the thoughtful input of community members through a careful review and consideration of suggestions and offers of assistance shared. A complete summary of thoughts and ideas captured in the forum can be found in Part III of this report in the section entitled "Input from the Community Forum."

Asking the Tough Questions

The I&E consultants have worked closely together for over a decade to address human services needs in the Phoenix metropolitan area. Prior to this needs assessment project, Dr. Williams and Dr. Zorita have conducted human services needs assessments for the City of Chandler, the Town of Gilbert, and the City of Tempe, and they offer clients "consulting to inspire and enhance your mission." Part of their mandate is "asking the tough questions" that clients need to address. For this project, these questions are posed in order to serve the human services needs of Surprise—with the understanding that the I&E Consulting team has the best interests of the Surprise community in mind. Some of the overarching questions that must be addressed as a part of any similar strategic planning process include—

1. Is Surprise ready to work together as a community to address the human services needs prioritized through this needs assessment process in order to serve the best interests of Surprise residents? The overwhelming engagement in the community to support the needs assessment project that grew the project into nearly double its original proposed effort and the energetic and engaged participation in the breakout sessions as a part of

the community forum provide an unequivocal "yes" to a call for action for Surprise community partners.

2. With the knowledge and understanding that careful study and consideration must be given to all Council decisions to safeguard effectiveness and costs, where/how is the fine line drawn between the lengthy process of *studying* an issue and the time-critical need to take *action*, to put "boots on the ground," in order to make a difference in the lives of more than one-third of Surprise residents?
3. Is Surprise willing to accept and implement the far-reaching, all-inclusive definitions of population groups in need (as defined by respected national agencies and research centers) and to utilize these definitions in counting individuals and families in need to set criteria to ensure its residents receive critical support?

These and other tough questions need to be introduced into the strategic planning process with a desire to meet the challenges head on. Long-range community stability will be compromised without building a firm foundation for strong, effective decision making.

Recommendations for Further Research

All research projects uncover and identify additional areas for further inquiry, and this project has been no exception to that precept. Several areas revealed by focus group participants and the research process are recommended for further research to support a stronger, more effective human services community within Surprise—

Research Initiative. Develop a volunteer-based plan to build community for all residents and improve communication and awareness within Surprise. *Building* community has to do with improving the ease and success of building good relationships within Surprise. Relationships are the basis for knowing and understanding individuals and families and their needs in the community and the foundation for providing adequate support and resources to meet those needs through volunteerism, funding opportunities, and local/regional partnerships. The recommendation to develop a robust volunteer program to assist in meeting the human services needs of the community will rely on this concept of building community for its success. The oft-repeated observation is that success will depend on the ability to build on the effective and personal relationships the HSCV team has initiated.

Research Initiative. Invest in projects to research best practices both regionally and nationally without delaying immediate steps to move forward. Although research is not an acceptable substitute for action, it can help to avoid "reinventing" programs when approaching human service needs in the community.

Research Initiative. As the time spent in Surprise revealed, this is a community that has been in a consistent mode of change for decades. Therefore, staying abreast of the needs, challenges/gaps, accessible services, and strategic partnership opportunities is critical to building community and success for all the residents of Surprise. Therefore, an update to this needs assessment and process is recommended to be undertaken at five-year intervals, assessing what has been done in response to the needs identified within this report, how successful the strategies have been in meeting those needs, and how to move forward in the next five years—never allowing change to overtake the tradition of the character of Surprise.

Attachment A

Surprise Human Services
Needs Assessment
2019 Human Services Survey Instruments

2

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City of Surprise Human Services Community Needs Assessment
2019 Human Services Survey for Human Services Participants

1. **Please complete this question only if you volunteer in or are employed by a human services agency, providing the following information:**
   ☐ **Volunteer** ☐ **Employed: Agency** _____ **Location** _____

   Title or Position: _____

2. **Which of these descriptions describe you today, if any? Please mark (✓) *ALL* that apply.**

   ☐ **Youth (under 18 years of age) Age:** _____

   ☐ **Foster Child:** ☐ **Yes** ☐ **No If yes, how long** _____

   ☐ **Parent of Youth (under 18 years of age)** ☐ **Single Parent Age(s) of children:** _____

   ☐ **Senior (over 62 years of age)**

   ☐ **Veteran: Years of military service** _____

   ☐ **Low/Moderate Income (See chart below for the definition of low/moderate income)**

Persons in family/household	Total Household Income
1	Less than $24,980 per year
2	Less than $33,820
3	Less than $42,660
4	Less than $51,500
5	Less than $60,340
6	Less than $69,180
7	Less than $78,020
8	Less than $86,860

   ☐ **Victim of Domestic Violence (Defined as "experiencing a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner; domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person")**

   ☐ **Homeless (Defined as "lacking a fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation, e.g., living on the streets, sleeping in a car, doubling up with an acquaintance, or alternating between a motel room and one of these options")**

   ☐ **Living on streets** ☐ **Sleeping in car** ☐ **Doubling up with acquaintance** ☐ **Occasional motel room**

   ☐ **Living in a household that includes more than one family. How many in the home?** _____

   ☐ **Do you live in public housing?** ☐ **Yes** ☐ **No**

☐ **Victim of Dating Violence, Sexual Assault, Stalking, or Sex Trafficking**

☐ **Immigrant: Country of Origin _____ Years in U.S. _____**

☐ **Refugee: Country of Origin _____ Years in U.S. _____**

☐ **Special Needs (Defined as "experiencing chronic physical, mental, emotional or developmental problems that result in definite and severe functional limitations")**

Description of your special need: _____

☐ **Are you in need of housing assistance? ☐ Yes ☐ No Emergency housing? ☐ Yes ☐ No**

☐ **Do you live alone? ☐ Yes ☐ No**

☐ **Caregiver Description of care provided _____**

☐ **Enrolled in School Full-time ☐ Enrolled in School Part-time ☐ Enrolled where _____**

☐ **Employed Full-time ☐ Employed Part-time ☐ Unemployed**

☐ **Receiving public assistance ☐ Formerly incarcerated ☐ Family member incarcerated**

Self or other # of prison stays _____ Time spent in jail _____ Crime _____

☐ **History of substance abuse(s) ☐ If yes, what substance(s) _____ ☐ Age of first use ___**

3. In your opinion, please *rank in order* the greatest critical need for more services with #1 being most critical to #6 being least critical for more services for the following groups within Surprise. (Although likely that ALL would benefit from more services, it is EXTREMELY IMPORTANT that you number these groups from 1 to 6 using each number only one time.)

***Please use 1, 2, 3, 4, 5, and 6* with no duplication of numbers.**

_____ **Homeless Individuals and Families**
_____ **Individuals with Disabilities/Special Needs**
_____ **Low to Moderate Income Individuals and Families**
_____ **Seniors**
_____ **Survivors of Violence (Domestic, Sexual, and Hate Crimes)**
_____ **Veterans**

4. Has your household utilized any social service programs (for example, financial assistance, housing services, homeless assistance, youth programs, services for seniors, veteran resources, counseling services) provided in or nearby Surprise during the past 12 months?

☐ **Yes (Answer Question 4.a.)** ☐ **No (Answer Questions 4.b.)**

4.a. Please mark (✓) all of the following human services programs provided that you have utilized in the past 12 months:

☐ **Housing services** ☐ **Counseling services**

☐ **Homeless assistance** ☐ **Youth programs**

☐ **Senior services** ☐ **Veterans/Military resources**

☐ **Home delivered meals** ☐ **ADA/accessibility or special needs services**

☐ **Financial services** ☐ **Community supervision services**

☐ **Utilities assistance** ☐ **Food programs**

☐ **Services for survivors of domestic violence, sexual assault, stalking and sex trafficking** ☐ **Substance abuse services**
☐ **Other _____**

4.b. Please mark (✓) all of the following <u>reasons</u> you have NOT participated in human services programs in the past 12 months:

- ☐ I did not need any services
- ☐ I could not locate the program
- ☐ I did not qualify for a program
- ☐ I experienced a language barrier
- ☐ I am a non-resident
- ☐ I am unaware of programs available
- ☐ I lack necessary documentation
- ☐ I have transportation challenges
- ☐ My physical limitations make access difficult
- ☐ I lack family support

5. Please check (✓) the box that best describes your rating of each service listed to help the following groups in need in Surprise. <u>Please provide an answer for each line of the survey that you are familiar with.</u>

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Homeless Individuals					
Assistance to Homeless Families					
Homeless Prevention Services					
Counseling/Advocacy					
Legal Assistance					
Mortgage Assistance					
Rental Assistance					
Utilities Assistance					
Homeless Street Outreach					
Law Enforcement					
Mobile Clinics					
Homeless Supportive Services					
Alcohol & Drug Abuse					
Child Care					
Education					
Employment					
Healthcare					
HIV/AIDS					
Housing					
Life Skills					
Mental Health Counseling					
Transportation					
Veterans services					
Families of veterans					

Which of the above support services, if any, are lacking for individuals with HIV/AIDS? _____

Please proceed to the next page of questions.

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Citizens with Disabilities— Physical disabilities (blind, deaf, physiological)					
Developmental disabilities					
Mental/emotional disorders					
Assistance to the Working Poor— Affordable, safe housing (individuals & families)					
Employment services (un- and under-employed)					
Health care services for those with no insurance					
Youth services					
Affordable child care					
Utilities assistance					
Transportation assistance					
Clothing assistance					
Re-entry services for previously incarcerated					
Assistance to immigrant/refugee groups					
Food banks					
Assistance to Seniors—					
Affordable elder care (long-term, day/respite)					
Affordable, safe housing for seniors/elderly					
Senior transportation assistance					
Senior assistance with delivery of meals					
Assistance to Survivors of Domestic Violence					
Assistance to Survivors of Sexual Violence					
Assistance to Survivors of Hate Crimes					
Assistance to Veterans					
Assistance to Families in Crisis—					
Child abuse/CPS investigation/removal of child					
Foster care					
Emergency housing					
Treatment for substance abuse					
Assistance for Elder abuse					
Other:					

6. What do you consider to be Surprise's *greatest strength* in services offered to its residents?

_____

_____

7. What do you consider to be Surprise's *largest gap* in services provided to its residents?

_____

_____

8. How would you rate the following qualities of life in Surprise? Circle one of the five numbers to rate each quality.

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Exceptional Safety

Feeling of Community within Individual Neighborhoods

1	2	3	4	5
No Community		Average		Exceptional Community

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Sense of Support for Individuals and Families in Crisis

1	2	3	4	5
Poor		Average		Exceptional

For statistical purposes only, indicate (✓) your responses to the following demographic questions:

9. Gender: ☐ Female ☐ Male ☐ Transgender

10. Age:
☐ 15 to 19 years ☐ 20 to 24 years ☐ 25 to 34 years
☐ 35 to 44 years ☐ 45 to 54 years ☐ 55 to 61 years
☐ 62 to 69 years ☐ 70 to 79 years ☐ 80 to 89 years
☐ 90 years and above

11. Ethnicity:
☐ American Indian or Alaskan (Tribe _____)
☐ Asian or Pacific Islander ☐ African American
☐ Hispanic/Latina(o) ☐ White ☐ Other

Languages spoken: _____

12. Current Status:
☐ Single (never married) ☐ Married ☐ Separated
☐ Unmarried living in partnership ☐ Widowed ☐ Divorced
☐ Identification with the LGBTQQ community

13. Children/Dependents: Number of children living with you (under 18 years of age) _____
Number of other dependents _____ Relationship _____

14. U. S. Citizen: ☐ Yes ☐ No

15. Education: (Please check **highest grade <u>completed</u>**)
☐ Elementary school ☐ High school graduate/GED ☐ Vocational Training
☐ Associate degree ☐ Bachelor's degree ☐ Graduate degree

16. Do you own your own home? ☐ Yes ☐ No

17. Faith Connection: **Do you belong to a faith community?** ☐ Yes ☐ No

If yes, please provide the name? _____

What, if any, services have you received from your faith community?

_____

18. Where do you live in Surprise geographically? _____ **Zip Code, if applicable** _____

Thank you!

2019

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City of Surprise Human Services Community Needs Assessment
2019 Human Services Survey for Providers

1. **Please complete this question only if you volunteer in or are employed by a human services agency, providing the following information:**

   ☐ **Volunteer** ☐ **Employed: Agency** _____ **Location** _____

   Title or Position: _____

2. **In your opinion, please *rank in order* the greatest critical need for more services with #1 being most critical to #6 being least critical for more services for the following groups within Surprise. (Although likely that ALL would benefit from more services, it is EXTREMELY IMPORTANT that you number these groups from 1 to 6 using each number only one time.)**

   ***Please use 1, 2, 3, 4, 5, and 6* with no duplication of numbers.**
   - _____ **Homeless Individuals and Families**
   - _____ **Individuals with Disabilities/Special Needs**
   - _____ **Low to Moderate Income Individuals and Families**
   - _____ **Seniors**
   - _____ **Survivors of Violence (Domestic, Sexual, and Hate Crimes)**
   - _____ **Veterans**

3. **Please check (✓) the box that best describes your rating of each service listed to help the following groups in need in Surprise. Please provide an answer for each line of the survey that you are familiar with.**

Human Services Areas (including appropriate counseling services)					
	Happy with services	**Some great; Some not as good**	**Okay**	**Some problems with services**	**No helpful services**
Assistance to Homeless Individuals					
Assistance to Homeless Families					
Homeless Prevention Services					
Counseling/Advocacy					
Legal Assistance					
Mortgage Assistance					
Rental Assistance					
Utilities Assistance					
Homeless Street Outreach					
Law Enforcement					
Mobile Clinics					

Please proceed to the next page of questions.

Human Services Areas (including appropriate counseling services)					
Homeless Supportive Services					
Alcohol & Drug Abuse					
Child Care					
Education					
Employment					
Healthcare					
HIV/AIDS					
Housing					
Life Skills					
Mental Health Counseling					
Transportation					
Veterans services					
Families of veterans					
Assistance to Citizens with Disabilities— Physical disabilities (blind, deaf, physiological)					
Developmental disabilities					
Mental/emotional disorders					
Assistance to the Working Poor— Affordable, safe housing (individuals & families)					
Employment services (un- and under-employed)					
Health care services for those with no insurance					
Youth services					
Affordable child care					
Utilities assistance					
Transportation assistance					
Clothing assistance					
Re-entry services for previously incarcerated					
Assistance to immigrant/refugee groups					
Food banks					
Assistance to Seniors—					
Affordable elder care (long-term, day/respite)					
Affordable, safe housing for seniors/elderly					
Senior transportation assistance					
Senior assistance with delivery of meals					
Assistance to Survivors of Domestic Violence					
Assistance to Survivors of Sexual Violence					
Assistance to Survivors of Hate Crimes					
Assistance to Veterans					
Assistance to Families in Crisis—					
Child abuse/CPS investigation/removal of child					
Foster care					
Emergency housing					
Treatment for substance abuse					
Assistance for Elder abuse					
Other:					

Which of the above support services, if any, are lacking for individuals with HIV/AIDS? _____

---

4. What do you consider to be Surprise's *greatest strength* in services offered to its residents?

_____

5. What do you consider to be Surprise's *largest gap* in services provided to its residents?

_____

_____

6. How would you rate the following qualities of life in Surprise? Circle one of the five numbers to rate each quality.

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Exceptional Safety

Feeling of Community within Individual Neighborhoods

1	2	3	4	5
No Community		Average		Exceptional Community

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Sense of Support for Individuals and Families in Crisis

1	2	3	4	5
Poor		Average		Exceptional

7. What human services does your organization provide to Surprise residents?

- ☐ **Housing services**
- ☐ **Counseling services**
- ☐ **Homeless assistance**
- ☐ **Youth programs**
- ☐ **Senior services**
- ☐ **Veterans/Military resources**
- ☐ **Home delivered meals**
- ☐ **ADA/accessibility services**
- ☐ **Financial services**
- ☐ **Community supervision services**
- ☐ **Utilities assistance**
- ☐ **Food programs**
- ☐ **Clothing resources**
- ☐ **Employment services**
- ☐ **Services for survivors of domestic violence, sexual assault, stalking and sex trafficking, hate crimes**
- ☐ **Substance abuse services**
- ☐ **Other** _____

8. What human services are provided, if any, by the following groups in Surprise?

☐ **Faith-based/community organizations Organization(s):** _____

Type(s) of service: _____

☐ **Social/civic volunteer groups (e.g., Rotary, Kiwanis, Lions, Soroptimist) Group(s):** _____

_____ **Type(s) of service:** _____

☐ **Public agencies (e.g., courts, schools) Agency:** _____

Type(s) of service: _____

☐ **Other** _____ **Organization:** _____

Type(s) of service: _____

Which of these groups provide meaningful services that make a real difference and how? _____

_____

9. **What is working well?** _____

How could these services improve? _____

Is quality or accessibility of certain services an issue? If so, which? _____

What partnering/collaboration would be useful? _____

10. **What key players do you consider to be most supportive of human services in Surprise (e.g., from community-based organizations, faith-based organizations, private sector, public sector, educational institutions, etc.)? List all those you have found most useful in Surprise.**

_____

_____

_____

11. **What prevention/intervention strategies are being used in Surprise?** _____

_____

Thank you!

SURPRISE
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City of Surprise Human Services Community Needs Assessment
2019 Human Services Survey for Community Members

1. **Please indicate the community sector you most closely represent:**
   ☐ **Public sector** ☐ **Education sector** ☐ **Private sector**
   ☐ **Faith community** ☐ **Nonprofit/provider sector**

2. **In your opinion, please *rank in order* the greatest critical need for more services with #1 being most critical to #6 being least critical for more services for the following groups within Surprise. (Although likely that ALL would benefit from more services, it is EXTREMELY IMPORTANT that you number these groups from 1 to 6 using each number only one time.)**

   ***Please use 1, 2, 3, 4, 5, and 6* with no duplication of numbers.**
   _____ **Homeless Individuals and Families**
   _____ **Individuals with Disabilities/Special Needs**
   _____ **Low to Moderate Income Individuals and Families**
   _____ **Seniors**
   _____ **Survivors of Violence (Domestic, Sexual, and Hate Crimes)**
   _____ **Veterans**

3. **Please check (✓) the box that best describes your rating of each service listed to help the following groups in need in Surprise. Please provide an answer for each line of the survey that you are familiar with.**

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to homeless individuals					
Assistance to homeless families					
Alcohol & drug abuse counseling/treatment					
Assistance to citizens with disabilities— Physical disabilities (blind, deaf, psychological)					
Developmental disabilities					
Mental/emotional disorders					
Assistance to immigrants/refugee groups					
Assistance to seniors					
Assistance to survivors of domestic violence					
Assistance to survivors of sexual violence					
Assistance to survivors of hate crimes					
Assistance to veterans					
Assistance to families in crisis					
Assistance to individuals with HIV/AIDS					
Other:					

Please proceed to the next page of questions.

4. **What do you consider to be Surprise's *greatest strength* in services offered to its residents?**

_____

_____

5. **What do you consider to be Surprise's *largest gap* in services provided to its residents?**

_____

_____

6. **How would you rate the following qualities of life in Surprise? Circle one of the five numbers to rate each quality.**

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Exceptional Safety

Feeling of Community within Individual Neighborhoods

1	2	3	4	5
No Community		Average		Exceptional Community

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Sense of Support for Individuals and Families in Crisis

1	2	3	4	5
Poor		Average		Exceptional

7. **What human services are provided, if any, by the following groups in Surprise?**

☐ **Faith-based/community organizations Organization(s):** _____

Type(s) of service: _____

☐ **Social/civic volunteer groups (e.g., Rotary, Kiwanis, Lions, Soroptimist) Group(s):** _____

_____ **Type(s) of service:** _____

☐ **Public agencies (e.g., courts, schools) Agency:** _____

Type(s) of service: _____

☐ **Other** _____ **Organization:** _____

8. **What is working well?** _____

How could these services improve? _____

What partnering/collaboration would be useful? _____

Thank you!

Attachment B

Surprise Human Services
Focus Group and Forum Invitations

Surprise Community Needs Assessment

YOUR INPUT AND IDEAS ARE IMPORTANT!

ARE YOU STRUGGLING FINANCIALLY?

DO YOU KNOW OR HELP SOMEONE WHO NEEDS FINANCIAL ASSISTANCE?

HELP SURPRISE LEADERS LEARN:

- What programs and services are most helpful, and what can be improved
- What resources are still needed

ATTEND THE DISCUSSION GROUP & SHARE YOUR EXPERIENCES:

Sunday, August 18th 12:30-2pm

location - SURPRISE

All participants will receive a $10 gift card - must pre-register

To register or more info:

t

(contact information deleted after assessment period)

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HUMAN SERVICE & COMMUNITY VITALITY
CITY OF SURPRISE

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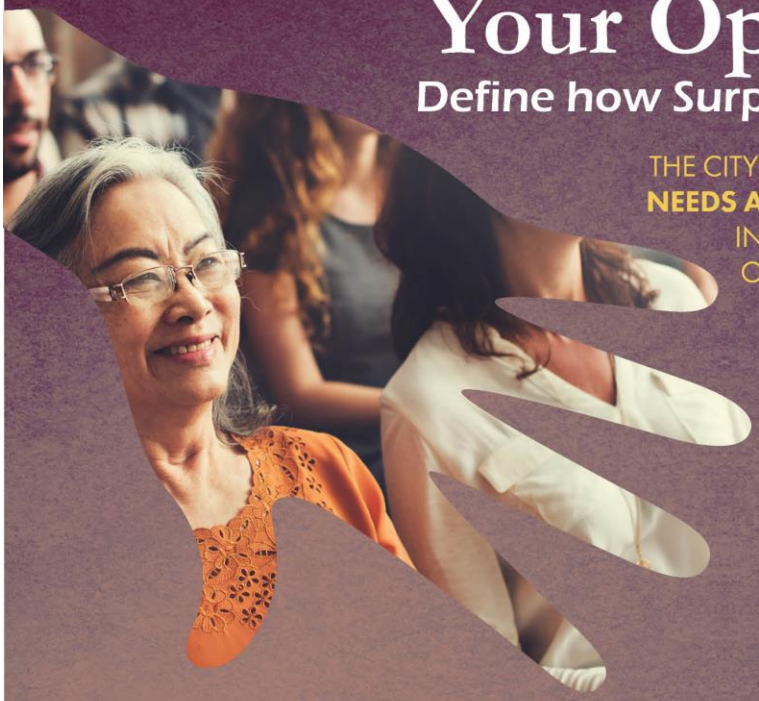
Your Opinion Matters!

Define how Surprise cares for people in need.



THE CITY OF SURPRISE IS CONDUCTING A **COMMUNITY NEEDS ASSESSMENT** TO ASSIST IN PRIORITIZING PLANS, INITIATIVES AND PROGRAMS TO MEET GROWING OR UNMET HUMAN SERVICE NEEDS IN OUR CITY. THE COMMUNITY IS INVITED TO TAKE PART IN THIS IMPORTANT PROCESS.

Areas being assessed include:
veteran services, youth, seniors/aging, disability/special needs, poverty, homelessness, all types of violence against individuals, and other areas of need

WAYS YOU CAN PARTICIPATE

FOCUS GROUP DISCUSSIONS FOR RECIPIENTS OF SERVICES
Refer individuals in Surprise who have received human services, or are interested in receiving services, to participate in small group discussions. Several dates are available and are listed at *www.surpriseaz.gov/CNA*. Spanish-speaking groups are also available. **A $10 gas/grocery card is available for participants who pre-register.**

COMMUNITY LEADER & PROVIDER FORUM
Give feedback about gaps, trends, and new ideas at a Community Leaders & Service Provider Forum on Friday, September 27, 2019, 9:45 a.m. - 12 p.m. at Dysart School District Education Center - Governing Board Room, 15802 N Parkview Place Surprise. Preliminary results of the assessment will be shared for the community to assist in building solutions. To register, please contact Yvonne Lopez at *yvonne.lopez@surpriseaz.gov* or 623.222.3239.

QUARTERLY PARTNER MEETING
Share and discuss on topics related to human, social and workforce development services/resources in our area at the city's Quarterly Partner Meeting on Thursday, August 15, from 2:30 - 4:30 p.m. in the Surprise City Hall - 1st floor Community Room, 16000 N Civic Center Plaza. RSVP by sending an email to ***Edith.Baltierrez@surpriseaz.gov.***

SURVEYS
Complete a survey in a community or service group guided by one of the assessment team members or request an individual opportunity to complete the survey online by emailing ***lindamwms.imi@gmail.com***.

For more information:
www.surpriseaz.gov/CNA

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To request an ADA accommodation, please contact Deb Perry at least 10 days in advance at *deborah.perry@surpriseaz.gov* or 623.222.1623.

Be a voice in your community

Have you received human services in Surprise? Are there resources you still need?

ATTEND A DISCUSSION GROUP TO SHARE YOUR IDEAS AS PART OF A CITY OF SURPRISE COMMUNITY NEEDS ASSESSMENT

Open Groups
Friday, August 9
3:15 - 4:45 p.m.
Senior Center - Dining Area
15832 N. Hollyhock St., Surprise

Wednesday, August 14
3:30 - 5 p.m.
Surprise Resource Center
12425 W. Bell Rd., Ste A-124, Surprise

Thursday, August 15
12:30 - 2 p.m.
Surprise Resource Center
12425 W. Bell Rd., Ste A-124, Surprise

Thursday, August 15
5:30 - 7 p.m.
Surprise Resource Center
12425 W. Bell Rd., Ste A-124, Surprise

Seniors
Friday, August 9
1 - 2:30 p.m.
Senior Center - Dining Area
15832 N. Hollyhock St., Surprise

Spanish Speaking
Register for location

Domestic Violence
Register for location

$10 Gift Cards (Gas/Grocery)
for Participants - Must Pre-Register.

Learn more about the Surprise Community Needs Assessment at
www.surpriseaz.gov/CNA

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ADA accommodations available – please request one week in advance.

HUMAN SERVICE & COMMUNITY VITALITY
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2019

Attachment C

Surprise Human Services
2019 Needs Assessment
Focus Group Questions

Surprise Human Service & Community Vitality Human Services Needs Assessment Discussion Group Questions

1. **Please introduce yourself and tell me a few sentences about what your life is like right now.**

2. **What are the most important needs you see in the community?**

3. **To assist Surprise residents in finding needed services, let's take a moment to brainstorm a list of all available human services resources you know about.**

4. **I'm going to name a few groups within the community, and I would like you to tell me: 1) The *greatest strength* of the services offered; 2) The *greatest challenge* this group experiences; 3) Do you believe these challenges are being met or is something missing?; 4) How available are needed services (from nonprofits, for profits and/or faith communities within Surprise or nearby in surrounding communities?)**

    a. Homeless individuals and families (lack of a fixed, regular and adequate night-time residence or living in a shelter)
    b. Individuals with Disabilities/Special Needs
    c. Low/Moderate Income Individuals and Families (see chart on survey for definition)
    d. Seniors/Aging (over 62 years of age)
    e. Survivors of Violence (Domestic, Sexual, and Hate Crimes)
    f. Veterans

5. **Are there other population groups in Surprise besides those mentioned that need services? If so, who and why?**

6. **What services have you personally found (either through referral or personal use) to be most helpful and why (what was special about these organizations)? What about least helpful and why?**

7. **Let's talk about housing:**

    a. **What are the most common housing problems?**
    b. **Are there any populations/households more affected than others by housing problems?**

c. **Who do you see struggling to make ends meet and who currently have housing but are at risk of living in a shelter or becoming homeless?**
d. **What housing problems are linked with instability and an increased risk of homelessness?**
e. **What specific types of housing are needed?**

8. **Are there any other services that are *needed* for you or your Surprise neighbors that seem to be missing? If you or your neighbors have ever needed help or assistance, is there any assistance that could not be found?**

9. **A) Do you know of any agencies or services you have found that are sometimes *overlooked* as referrals that would be helpful for other residents? What do these agencies provide? Why do you think they are overlooked? B) What about any free or discounted services?**

10. **Do you have any overall suggestions about how help (or assistance) can be improved for Surprise residents who are in need?**

11. **If you could offer one or two suggestions to social services agency staff about what they could do to best assist people, what would you say? What about Surprise staff? Which of the recommendations stated here today are most important for Surprise residents?**

12. **Do you know about any prevention or intervention strategies used in the community to address human service concerns? Are these practices demonstrating any clear outcomes?**
13. **How is information shared for any services we have talked about? Do you have any suggestions about how information can be shared?**

14. **What would a complete human service system look like?**

15. **What do you consider to be the greatest advantage of living, serving or working in Surprise? Why might you recommend living in Surprise to your friends and family?**

Attachment D

More Voices of Those in Need of Human Services within Surprise

More Voices of Those in Need...

Voices of Low to Moderate Individuals and Families/Youth

- *"I would have been evicted if they didn't pay my rent."*
- *"As a District we are taking a leadership role in community building. We are developing a school-based signature program where every school has a community gathering to identify what does the community want for their school, for their kids, and identify even construction projects. What can be done to the school physically? We are working with the City right now so that every school will be open on nights and weekends for playgrounds, for city parks. We want to build community where neighbors see each other, talk to each other, where they have access to playgrounds, play soccer on the weekends. We hope to become a better community because of it."*
- *"It's a partnership with the city to have the schools open on the weekends for neighborhood gathering spots. The City of Surprise has said they're willing to pay for repairs, maintenance, and security."*
- *"Time has been an issue for us in the field. Getting those resources may be four weeks or months to get services, and the need is so high that even if the resource exists, there's not enough space for it."*
- *"The cost of normal housing has almost doubled since I've been here. There's no place for people to go. I have a two-year waitlist. I get more calls every day."*
- *"Jobs, jobs, jobs! Our jobs to housing ratio is only .38 jobs per household and we should be double that in the next 10 years."*
- *"My time is split at the resource center and I have a 2.5-week waitlist for an appointment to see people seeking employment support."*
- *"A woman who is 40, from Romania, recently approached our church and, because she didn't know computer skills, she had a barrier to employment because no one does paper applications anymore."*
- *"The schools start so early that the kids are just hanging out early. They don't know where to go because the families are going to work."*
- *"Youth need money or volunteers for staff who can come and create space where youth can work on things. Some are interested in art, some science. Some just need a space to engage and interact. The main obstacle is staff and supplies because we can only put 20 in this program."*
- *"I got evicted because the landlord wasn't doing the right thing…pocketing the money and rent. Our rent went up and we couldn't afford the extra $60."*
- *"The quality of the facilities is subpar in Old Surprise compared with the new Surprise. Maybe due to HOAs. In old Surprise, we have been abandoned."*
- *"On my street the lights don't even turn on. The whole street is dark. Market Street – the south side. The whole area is dark, we have no lights and we have people walking down the street every night. For peace of mind. APS said they don't own the poles and they refused to do anything."*
- *"With our youth, we need to keep those idle hands busy, in after school program. One of the guys here does a great program with the youth, Surprise Youth Council, I think it is…where they're working on after school programs. West-MEC just moved out here into the Surprise area, and I think they would like to increase. So as a Surprise community, we have a wonderful opportunity. When you look at all the high school kids we have in this area, very few can fit into the model. There's a guy whose business model is a ministry. I think they set up a church in the area and then set up a garage tied to that church where these guys are actual mechanics! And they bring kids in from the schools." – Kent Guyer, Man-Up Church*

More Voices of Those in Need...

Voices of Homeless Individuals and Families/Youth

- *"My dad would tell me I would never amount to anything. I think drinking and smoking pot was my way to cope. I went to juvy. I switched the price on a bike chain. I didn't have enough money. I needed it. I switched it from $8.oo to $.50 and got caught. I quit stealing then, too. I got clean now. I quit everything on my own. LSD in high school, cocaine in the 90s. Heroine. ODed twice. So glad I'm still here."*

- *"I was molested. I was told I wasn't going to amount to anything."*

- *"I got divorced. Everything went downhill then. I didn't want responsibility anymore. I didn't want anything to be the same. I went to the extreme with the wrong people, doing drugs, lost my car, everything."*

- *"My dad committed suicide. My brother and I were left alone and we started getting in trouble."*

- *"Last week we helped a young lady and her boyfriend with three kids. They've been sleeping in the park for two weeks. We helped them get to Alabama, but there isn't any short-term temporary shelter for people getting evicted."*

- *"Our agency sees about three or four families every month."*

- *"If a person with this addiction is asking for help, have a mobile team/social worker guide them through the referral process rather than us police officers dropping them at the door saying, 'I hope it works for you!'"*

More Voices of Those in Need...

Voices of Individuals with Disabilities/Special Needs

- *"Our SRO officer goes above anything I have ever seen. There is one student that I pray graduates and if they do it would be because of what she is doing with him. They do so much more than we know. It's amazing. "*
- *"The school and PD are piloting a diversion program for youth for any behaviors that are not drug, alcohol, tobacco, vandalism or 'arrestable' offenses for parents and students…needed as early as middle school."*
- *"We have random rate increases throughout the year, without notice."*
- *"Most of us that have special needs kids or even adults, we don't have any services in Surprise. We have to go to Phoenix to see our doctors, to do our therapy. We need to open up our city to try and get some of these companies in here to not make it so difficult."*
- *"I have trouble getting to the grocery store. Could Fry's or one of the big companies offer a bus service to certain communities?"*
- *"So we know who each other are, and we can count on each other to support us for different things. The community should know about those with disabilities and what the organizations that work with them are doing. Community connection."*
- *"Establish a monthly Celebration of Diversity & Human Services event to be held at the city hall plaza or on one of Ottawa's fields. This is a time for bands playing, food trucks, dancing groups, and short speeches highlighting progress in the various community and population groups and city departments. Let's bring people together to share plans, victories, culture, and progress. This also creates an opportunity to disperse information about services and access."*
- *"Students with developmental disabilities. I don't know any support groups or resources inside our area."*
- *"Occupational and physical therapy for kids with autism in Surprise is missing."*
- *"I have a gal that comes from Colorado once every six weeks to work with my daughter. It's like, 'What's the point? You know? Are you telling me that there's no one in the state of Arizona that could come to help my daughter out? So we do it ourselves, which is what we do as parents but we don't have time to drive her down every other day to Phoenix to get other assistance."*
- *"Start bringing in people that help our community and actually do a service for these families!"*

More Voices of Those in Need...

Voices of Seniors

- *"My A/C was broken. I was told if you want a fix today or tomorrow you have to pay money. I had to wait a week and go to a hotel for safety. I didn't have that money!"*

- *"I just lost my wife. I just need someone to talk to."*

- *"We need a way to know if somebody gets sick, someone passes away. We used to have this information. Call people and say, can we visit you? Can we send a card?"*

- *"We need a mechanism for seniors to build a sense of community and mechanisms to get to know people. We are not kindergarteners but we need some facilitation to help meet people and gain camaraderie and help with forming friendships. To go in pairs with another person for activities, volunteering. I'd volunteer but don't want to do it by myself."*

- *(Commenting on a Peoria Senior Center day trip: "The best ones that I enjoy are the mystery trips. Where you don't know where you're going! And it's a lot of fun, believe me. I've been to places I would have never thought of going. The city dump was my favorite. Do you ever stop and think what happens to your garbage? Well, I can tell you now!"*

- *"My medicine went up from $9 to $70. I can't eat high sodium or high carbohydrates. I get* canned vegetables from St. Mary's but I need to watch sodium."

- *"Light housekeeping, food, companion care, cooking, feeding, bathing, things they cannot do themselves."*

- *"Many don't know if they qualify, and there are options for them. The ones that reach out to them try to take advantage of them."*

- *"We run into frequently an elderly couple married for 60 years. One is having early stages of dementia. Their spouse is seeing things. Someone needs to show up in that moment of crisis. The officer will try to help to work through it, but there needs to be a social worker who provides information and resources to guide the spouse about what is happening."*

More Voices of Those in Need...

Voices of Veterans

- *"More survivors need to know that it's okay to speak up instead of having a red scarlet letter. A lot of people don't come forward. The only reason I came forward was because I saw it happen to someone else with the same guy. He's done it to you? Well he has done it to me, too."* (Survivor of Military Sexual Trauma)

- *"When I transitioned (out of the military), there's a box you check for MST (Military Sexual Trauma). The doctor said, 'Okay, you checked the box.' Then afterwards there's no follow-up. Okay, yes, you experienced it, not let's do something about it. I went to my intake at the VA. He was like, 'Well, I see you checked this off or I see the doctor checked this off. Can you explain a little more about it? Do you want to speak to someone about it? Do you think you need counseling? I don't think you need counseling. You're okay.' And he checks it off. So, I was like… okay. I went and sought out an individual counselor."*

- *"Need coping mechanisms. Talking. Ability to process whatever you're feeling at the time. Or when you have a panic or anxiety attack, how to work through that and not get yourself more worked up if you can't process it right."*

- *"A lot keep it to themselves, their private squad, but for PTSD, it should be opened up to any branch you served."*

- *"We need to distinguish the difference from mental health needs versus spiritual needs which is moral injury. We don't have solid data yet, but there is a building consensus that the veteran suicide rate is fueled as much by moral injury as it is with PTSD. Historically, mental health counselors don't go into the spiritual realm with their patients. However, we are learning that effective approaches have great potential when mental health experts also link veterans to spiritual resources."*

- *"You're so used to getting your housing paid for, your meal allowance, you don't have any of that now. They don't know how to stretch their last paycheck or to figure out what to do after retirement."*

- *"The closest vet center is in Peoria. A lot of veterans don't even know what a vet center is let alone how to get to it. If you're not a combat vet, you don't qualify for services at the vet center."*

- "You might not be able to get in to see a psychologist or a psychiatrist at the VA clinic in a reasonable amount of time. When you do get there the vast majority it becomes just a drug deal. They're just prescribing you drugs and pushing you to the next person."

- *"It's a national tragedy to see a veteran in the shadows without a bed."*

More Voices of Those in Need...

Voices of Domestic Violence, Sexual Assault and Hate Crime Survivors

- *"We need avenues for immediate support. We saw a woman laying on the sidewalk, tried to call for help, the only help we were ultimately referred to was CASS. Because the woman would not say she was in a domestic violence situation (although she was), she was turned down for support."*
- *"I told the police, I'm in this horrible situation. They said, 'We understand. Any time you need us, just call us.'"*
- *"One day he beat me in front of the children. That day flipped my world. He hit me so hard I went from the hallway this way, into the children's room over here (pointing). I wanted to kill him. I was in kill mode. My six-year-old was holding the baby, the three-year-old. He said, 'Mom, mom, please don't kill my dad.' You know I thought about it. He would be dead. I would go to prison. My children would be alone. Instead I threw him out."*
- *"Insurance caught up. Registration caught up. Now I'm behind on all those things. Very close to losing my car. And that will be the last link I have to basically a normal life. Everyone keeps telling me, 'don't lose your car!' That's the last thing that is keeping me from going feral, as it were."*
- *"It took patience to regroup….Once you go through that, you really realize how hard those statistics are, on women that don't survive. I had a friend, went missing when we were children. She was older than me. They still haven't found her. I had a cousin on my mom's side, went missing. They found her and her baby on the river bottom. It's bigger than we think. And it's been happening forever."*
- *"Faith! Religion and faith! I had to take care of myself because I had to take care of those children."*
- *"I felt like literally the rug was pulled out from underneath me. I've had a really hard time adjusting. My child is around my husband's family and my kid found a bag of cocaine. I moved back out here – next to my ex who abused me – to try to keep my kid safe. I'm still in fear of stalking and harassment.*
- *"He doesn't pay child support when he is supposed to. It's been a struggle."*
- *"For me housing has been the most difficult part. It is expensive to live here. If you don't have a family, you can't make it. It's very hard. My son is in school here so I stay. For a single parent it's a huge ordeal."*
- *"There is a need for emergency funding for crisis situations. I approached Walmart and received grant funding money to assist people who are in crisis. There are two examples of where that worked out, where it stabilized somebody while getting resources to them to solve the issue long-term. One example is a rape victim in our city. The suspect resided with her, he whole family was out of state, and the suspect had fled…and there was a likelihood that he would return…She had no money, she had no resources, and that grant funding went toward putting her in a hotel room for the night, getting her some food, and stabilizing her while we were able to get our victim advocate and other resources in connection with her….The second example was the victim of a theft, an elderly victim who was tricked into allowing somebody to store all her furniture, all her possessions, in a storage unit. The suspect refused to tell her where it was. Through investigative work, our detectives were able to determine where those items were located, but the storage unit hadn't been paid. There were going to auction off the contents…. That grant funding covered the next month of storage while she figuring out where to put them. Ultimately is probably saved her hundreds of thousands of dollars." – Officer Otterman*

More Voices of Those in Need...

Voices of Individuals with Mental Health, Behavioral Health, Substance Abuse, and Health Care Needs

- *"Depression because of family issues – alcohol, violence, families being separated."*
- *"So, I'm aware of the cycle and it seems to just happen over and over again. I know it's based on subconscious decisions I'm making. But what I'd like to break is the deeper stuff. Why do I say 'yes' to some things? Why?"*
- *"Our generation is a lot more overwhelmed than it's ever been. We have social media but we don't have the resources to properly cope."*
- *"Divorce and how it affects the family including the children. When there's divorce, there's other stuff going on (alcohol abuse, something at work, stuff like that)."*
- *"Some kids don't like to say what happened to them. A lot of families go through drugs or go through sexual abuse. It's just that the kids…they think in their mind that it's okay for people to do this to them. They haven't been educated from a young age. It's not okay."*
- *"Kids in group homes – it is hit or miss if they are out in the community."*
- *"We have crisis intervention teams (national model) along with the 60 volunteers, but to have a resolution, we are not the end because people have to be connected with resources."*
- *"Kids in group homes – it is hit or miss if they are out in the community."*
- *"In many ways, Surprise is a service desert."*
- *"The things that the person in trouble has to do are based on a lot of mental health issues to get back on track. Jail isn't the right thing for everyone."*

End Notes

[1] DeFranzo E. Susan (April 4, 2012). Survey Research of Focus Groups? *Survey Design*. SnapSurveys.com.

[2] SurveyMethods (March 4, 2011). Research vs. Focus Groups—Which is More Reliable? Survey Methods.com.

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[2] Glasser, B. G. & Strauss, A. L. (1967). *The discovery of Grounded Theory.* New York, NY: Aldine.

[4] Hernandez, C. A. (2010). (2010). Getting grounded: Using Glaserian grounded theory to conduct nursing research. *Canadian Journal of Nursing Research. 42,* 150-163.

[5] Morse, J. M. (1991b). Strategies for sampling. In J. M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (pp. 127-145). Newbury Park, CA: Sage.

[6] Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

[7] Janesick, V. J. (1994) The Dance of Qualitative Research Design: Metaphor, Methodolatry, and Meaning. In N. K. Denzin & Y. S. Lincoln, *Handbook of Qualitative Research* (pp: 209-219). Thousand Oaks, CA: Sage

[8] Janesick, 1994**.**

[9] Blumer, H. (1969). On the methodological status of symbolic interactionism. In H. Blumer, *Symbolic Interactionism* (pp. 1-60). Englewood Cliffs, NJ: Prentice Hall.

SURPRISE
ARIZONA

City of Surprise Community Needs Assessment

Surprise City Council Work Session
December 3, 2019

Background

- Veteran, Disability & Human Services (VDHS) Commission established December 2018 by Surprise City Council
- Community needs assessment and strategic plan part of new Commission
- I&E Consulting. Lisa Zorita, Ph.D. and Linda Williams, Ph.D

Assessment Purpose

- Assist the VDHS Commission in aligning a strategic plan with the identification of data-driven opportunities and needs
- Strengths, gaps, opportunities, and resources
- Prioritization of needed services
- Recommendations
- Long and short-term goals
- Program and fiscal considerations
- Program/resource decision making
- Assist with meeting CDBG requirements
- Help build community

Assessment Objective

- Assessment for:
  - Veterans
  - Individuals with Disabilities/Special Needs
  - Low to Moderate Income Individuals and Families/Youth
  - Seniors
  - Survivors of Violence (Domestic, Sexual, and Hate Crimes)
  - Homeless Individuals and Families
  - Emergent vulnerable groups
- Inform Community Development Block Grant (CDBG)

Approach

RESEARCH SAMPLE WITH THE FOLLOWING:

- Focus groups with people needing or receiving services
- Provider input
- Quantitative/qualitative surveys
- Interviews
- Surprise data & research
- Targeted neighborhood gatherings
- Bilingual opportunities
- Flyers, emails, phone calls, organizations and media, targeted neighborhood gatherings
- Community Forum September 27th

Outreach

- Non-profit providers
- Community groups
- Faith-based community
- Public sector/city leaders
- Private sector
- Neighborhood leaders
- Educational sector
- Medical community
- Public locations
- Business sector
- HSCV linkages

Overview

- **DATA ANALYSIS**
  - 45+ Documents and reports
- **QUANTITATIVE/QUALITATIVE SURVEYS**
  - 190 in person surveys
  - 30 electronic surveys from targeted samples
- **FOCUS DISCUSSION GROUPS**
  - 9 group meetings held at 8 different community locations
  - 124 participants – 81 with those needing or receiving services, 43 with providers
- **GROUP INTERVIEWS**
  - 4 group interviews with 39 participants (34 service recipients, 5 providers)
- **INTERVIEWS WITH COMMUNITY LEADERS AND SERVICE RECIPIENTS**
  - 28 select community leaders and 4 service recipients
  - 140 attended community forum, provided input
- **SEPARATE ONLINE CDBG SURVEY & 2 CDBG GROUP MEETINGS**
  - Separate online CDBG survey with 239 respondents

Surprise Income Data

Table 2. Surprise Income Demographics Relative to Surrounding West Valley Communities

City/Town	Income per capita	Mean Income per household	Income below poverty threshold
United States	$31,177	$81,283	14.6%
Arizona	$27,964	$73,735	17.0%
Surprise	$28,388	$74,992	9.1%
Avondale	$21,899	$67,119	16.3%
Buckeye	$21,251	$73,001	12.9%
Glendale	$23,496	$65,713	20.3%
Goodyear	$30,893	$92,772	8.7%
Peoria	$31,796	$86,245	8.2%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Surprise Poverty Data

Table 3. Detail on Individuals Below the Poverty Level in Surprise

Categories of Individuals with Greater Representation than the 9.1% of the General Population Living Below the Poverty Threshold	Percent below poverty threshold
Children under 5 years	16.3%
5 to 17 years	11.4%
18 to 34 years	11.3%
Women	10.1%
Less than High School Graduate	13.8%
High School Graduate (includes equivalency)	11.7%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Surprise Veteran Data

Table 8. Surprise Veteran Population Related to the Greater Population

Geographic Area	Portion of Residents age 18 plus	Female % of Veterans	Male % of Veterans
U.S.	7.7%	8.4%	91.6%
Arizona	9.4%	8.5%	91.5%
Surprise	12.5%	5.2%	94.8%
Avondale	7.6%	12.0%	88.0%
Buckeye	10.0%	10.6%	89.4%
Glendale	8.1%	9.2%	90.8%
Goodyear	12.3%	11.4%	88.6%
Peoria	10.0%	7.9%	92.1%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Surprise Veteran Data

Table 9. Surprise Veteran Characteristics

Characteristic	Portion of Residents age 18 plus
AGE	
18 to 34	5.4%
35 to 54	17.4%
55 to 64	9.4%
65 to 74	30.8%
75 and above	37.0%
Ethnicity	
White alone, Not Hispanic or Latino	82.2%
Hispanic or Latino of any race	12.8%
Poverty Status	
Income in last 12 months below poverty level	3.3%

Source: United States Census Bureau, 2017 American Community Survey 1-Year Estimates

Surprise Disability Data

Table 10. U.S. Census Bureau Data for the Disability Status of the Civilian Non-institutionalized Population by Age (likely underrepresenting the extent of the totality of special needs)

Geographic Area	Portion of Residents	Under 18 years	Age 18 to 64	Age 65 and over
U.S.	12.6%	4.2%	10.3%	35.5%
Arizona	12.8%	3.8%	10.4%	34.5%
Surprise	12.5%	3.2%	9.2%	30.3%
Avondale	9.9%	3.4%	9.3%	41.2%
Buckeye	10.4%	2.9%	10.0%	33.0%
Glendale	12.6%	4.3%	11.5%	39.6%
Goodyear	8.1%	1.8%	7.2%	23.1%
Peoria	12.3%	3.3%	9.4%	37.2%

Source: United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

Greatest Strengths

- Surprise HSCV Department, Council, Leadership
- Resource Center, Senior Center
- Surprise Youth Innovations (i.e., Surprise Youth Council, Teen Court, Surprise Youth Employment Program, etc.)
- Providers (including food banks) & Faith based partners
- Utility assistance (CAP office)
- Public safety, Police & Fire Medical
- Dysart School District Innovations
- Surprise Library Innovations
- Partnerships across cities (Community Resource Guide, health classes)

Greatest Strengths (cont.)

- Unique community collaborations:
  - HSCV department and the Surprise community
  - City and Police/Fire – Diversion program
- Community members who care (i.e., veterans, special needs parents)
- Preschool programs
- Weatherization Program
- Quiet, clean, safe community
- Upcoming Service Strengths:
  - IHELP and coordinated efforts with the HMIS system
  - Veteran partnerships at the Resource Center
  - Affordable housing units

Greatest Universal Gaps

- Universal Community Gaps
  - Local transportation
  - Mental health, behavioral health & substance abuse
  - Continued collaboration/community partnering for untapped sectors (i.e., private institutions, etc.)
  - Awareness of available services
  - Services for those in immediate/urgent need
  - More safe, affordable housing options
  - Employment (for most)

Low/Moderate Income Individuals & Families

- **Greatest Gaps**
  - Housing: emergency, eviction, home repair, safe, affordable, transitional
  - Housing advocate
  - Health services, including mental health, behavioral health, & substance abuse treatment
  - Employment (for skilled & less skilled workers, including trades)
  - Education
  - Affordable child care
  - Financial literacy/budgeting/small investments/planning for financial challenges
  - Basic needs: clothing, electricity & water, rental assistance, food (including rolling suitcases/bike carriers for food banks) & medical
  - Re-entry services for previously incarcerated

Youth

- **Greatest Gaps** **(noted among special needs, homelessness, violence/assault, and low-to-moderate income families)**
  - Youth community center with vibrant programs for meaningful skill building
  - Teen activities
  - Basic human services (i.e., food on the weekends)
  - Specific behavioral health, mental health & substance abuse needs, including coping skills to manage crisis (i.e., violence)
  - Self-esteem building/life skills/responsibility
  - Foster youth assistance (including transitional support for youth aging out of the system)
  - Affordable aftercare school programs
  - Financial literacy

Homeless Individuals and Families

- **Greatest Gaps**
  - Mobile clinics for showers, hygiene, water
  - Basic and major health needs
  - Emergency and long-term housing
  - Rental assistance
  - Legal assistance
  - Services for single individuals, including those not residing with children
  - Job opportunities
  - Lockers, clothing, shoes
  - Transitional assistance & redirection for those in the system
  - Heat relief
  - Compounded crisis situations (i.e., domestic violence trauma, homeless children's trauma counseling, etc.)

Veterans

- **Greatest Gaps**
  - Accessibility & qualification of services
  - Specific health challenges: PTSD, MST, prescriptions/substances, moral injury
  - Health care
  - Family support assistance
  - Navigation of transitional support resources
  - Budgeting/Financial literacy
  - Financial challenges for meeting basic needs
  - Prevention of abuse (teaching about abuse of authority)

Individuals with Special Needs

- **Greatest Gaps**
  - Accessibility of resources
  - Affordable assistive care
  - Assistance for individuals with physical disabilities in accessing services
  - Community integration
  - Respite for special needs caretakers
  - Transition assistance (at different ages and stages)
  - Health concerns due to anxiety, stress, fear & prescription drugs

Seniors

- **Greatest Gaps**
  - Community building/engagement
  - Dietary and medication challenges
  - Grief and loss support
  - Vetted in-home care
  - Additional socialization & learning activities
  - Assistance for elder abuse
  - Trusted navigator
  - Dementia services

Survivors of Violence
(Domestic, Sexual Assault, Hate Crimes)

- **Greatest Gaps**
  - Identification as DV in order to receive services (homeless link with domestic violence)
  - Sexual assault resources
  - Short respite period to heal & establish positive coping mechanisms
  - Trauma counseling
  - Emergency housing and response to immediate/urgent needs
  - Basic needs support now that single parent (insurance, car registration)
  - Need for faith community connection
  - Need for avenue to “give back”
  - Childcare for work
  - Intermediary to drop child off with joint custody
  - Transportation to safe locations when crime cannot be proved

Results

- First-Order Tier:
  - Individuals and families/youth with urgent/immediate basic human needs
    - Low/moderate income individuals and families/youth
    - Homeless individuals and families
    - Special needs individuals

Results

- Second-Order Tier:
  - Seniors
  - Veterans
  - Survivors of violence (less visibility)

Results

- Emerging Group:

  Individuals in Need of Mental Health, Behavioral Health, and/or Substance Abuse Treatment Services

Priority Areas Community

1. Response to those individuals and families in immediate, urgent need
2. Need for a coordinated system of community partners working together to address immediate, urgent needs using a community-based human services delivery model
3. Access to mental health, behavioral health, substance abuse, and healthcare treatment services
4. Solutions to local transportation needs
5. Additional, safe affordable housing options
6. Awareness/Communication of available services
7. Enhanced planning for community building, collaboration, and partnership communication
8. Employment

Recommendations

1. Revisit the criteria for annual city grant funding for human services to reflect the assessment-identified prioritization of needs for all human service groups
2. Develop a strategic plan to build a “community-based human services delivery model” – a system of community partners with defined roles, working strategically together, to address immediate and urgent basic human needs for individuals and families residing in Surprise and for homeless individuals in Surprise
3. Develop an awareness/communication plan immediately to publicize existing services in Surprise and those accessible in nearby communities

Recommendations Cont.

4. Continue to pursue development of additional, safe, affordable housing and emergency/transitional housing, including a plan to establish a housing advocate to inspect unsafe housing conditions and excessive rent increases that put individuals and families at risk of homelessness
5. Develop a community-wide coordinated program for treatment/counseling for individuals in need of mental health, behavioral health, substance abuse, and health care treatment services
6. Develop short-term and long-term solutions to transportation to included a free (or almost free) public transportation system modeled after other communities in the metropolitan area

Recommendations Cont.

7. Create a plan for community building, collaboration, and enhanced partnership communication strategies to raise awareness of the needs and corresponding opportunities to provide assistance, with a first priority focus on the untapped area of the private sector
8. Continue pursuit of strategic priorities to bring more jobs, trade programs, tech jobs, and higher wages to Surprise while creating more expanded opportunities for skills training and jobs at a livable wage for unskilled and underemployed workers
9. Revitalize the Original Town Site in Surprise
10. Implement staff and volunteer training for human services sectors to include a menu based on clients served
11. Prepare now for the aging of Surprise residents to be ready to meet the human service needs of increasing numbers of seniors, projecting future needs and resources over the next five years

Recommendations Cont.

12. Create a plan for community integration for individuals with disabilities/special needs
13. Engage in bold strategies to make Surprise a premier model for Veteran services and partnership building to assist with advocacy and identification of accessible, affordable resources
14. Focus on utilizing Surprise libraries as additional hubs for cost-effective serve delivery by drawing on services and coordination already funded and budgeted and adding prioritized resources for services
15. Set weekly office hours in the community to facilitate mobile services and community integration
16. Follow up on the momentum established through the community forum, honoring the thoughtful input of community members through a careful review and consideration of the suggestions and offers of assistance shared

Next Steps

- VDHS Commission to engage in strategic planning beginning January 2020
- VDHS Strategic Plan presented to City Council late spring, 2020
- Needs assessment to be added to City of Surprise website
- Community forum on final report January 31
- Conduct community needs assessment every five years

SURPRISE
ARIZONA

Questions or Comments?

CITY OF SURPRISE
Regular City Council Work Session

Council Meeting Date: December 3, 2019 Contact Person: Robert Kuhfuss
Submitting Department: Community Development District: Citywide
Staff Recommendations: None

Consent: No Regular: No Public Hearing: No Report/Discussion: Yes

Agenda Wording:
Presentation and discussion regarding Community Pools in Medium Density Zoning

Motion:
None

Background:
Staff presented the community pool issue to the City Council and to the Planning and Zoning Commission on October 3, 2019 and October 5, 2019, respectively. This is a continuation of that discussion.

Objective Analysis:

Policy Compliant:

Financial Impact:
All activity related to ongoing development of the City of Surprise has an economic and fiscal impact on the city and the region.

Budget Impact:
There is no anticipated budget impact related to this item.

FTE Impact:
This item does not have an impact on current staff levels.

ATTACHMENTS:
1. 19.11.18 EVR Pool Amenities CC PZ Joint Staff Report-Update_
2. 19.11.18 EVR Community Pools 12-03-19 CC and 12-05-19 P&Z Joint Presentation

Community Pool Amenities

REPORT TO THE CITY COUNCIL AND
PLANNING AND ZONING COMMISSION

Case:	N/A
Project Name:	Community Pool Amenities
Council District:	All
Meeting Date:	**December 3, 2019 (City Council)** **December 5, 2019 (Planning and Zoning Commission)**
Planner:	Robert H. Kuhfuss, AICP

INTRODUCTION:

Staff presented the community pool issue to the City Council and to the Planning and Zoning Commission on October 3, 2019 and October 5, 2019, respectively. As directed, staff evaluated several possible methodologies including the following:

- Minimum Lot Width Approach
- 1-Lot Failure Approach
- ¼-Mile Radius Approach
- Amenity Center Menu Approach
- 3-Prong Test Approach
- Alternative Funding Mechanisms
- Potential Definitions

After considerable internal discussion, staff believes that many of the above methodologies would not meet the desired outcome expressed by the City Council or the Planning and Zoning Commission. The 3-Prong Test Approach, however, may well meet the stated objectives.

3-Prong Test Approach

This approach would require the developer of any single-family residential development to provide a semi-public pool amenity when the following triggers are met:

- The property is zoned either R-1 or R-2; and,
- The site is 40 or more gross acres; and,
- The project generates a Gross Density of 3.25 Dwelling Units per Acre

Further, all lots within the subdivision must include a minimum required rear yard area of not less than 1,000 square feet, otherwise the pool requirement is invoked regardless of Gross Area or Gross Density.

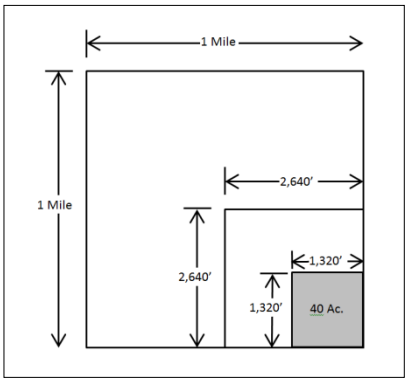
Assumptions:

The following assumptions are made with respect to this methodology. These assumptions may be adjusted up or down and are subject to further analysis and refinement.

- Gross Area of 40 acres or more
- 10% of Gross Area as Arterial Rights-of-Way
- 20% of Net Residential Area as Open Space
- 28 % of Net Residential Area as Local Right-of-Way
- Average Lot Area of 6,250 square feet (50' x 125')
- Lot Yield of 130
- Gross Density of 3.25 DU/Ac

Rationale:

40 acres is ¼ of ¼ of a Section, making the size relatively manageable. This also places the pool facility within walking distance from every home in the subdivision, regardless of where in the subdivision the pool is located within said 40 acres. (This could also be scaled up or down, depending on the will of the Commission and Council.)



If the subject property were adjacent to a Section Line, the developer would be required to dedicate and improve the half-width arterial right-of-way adjacent to the site. A typical arterial half-width is 68', which when multiplied by the length and width of the parcel, removes approximately 10% of that parcel, rendering it unavailable for residential development. The remaining area is considered "Net Residential Area" (NRA), which in this scenario is approximately 36 acres.

The SUDC currently requires 20% of the NRA be set aside as Open Space. The draft LDO includes a similar requirement. 20% of 36 acres is approximately 7.2 acres, which leaves approximately 28.8 acres available for residential development, to include both lots and local roadways.

Each lot in a subdivision must be served by a local street. The current standard for a local street is 55' full-width right-of-way. As lot yield increases, so does the amount of land necessary to establish the local street network. In this scenario, approximately 28% of the NRA goes towards the local street network, leaving approximately 18.7 acres for lot development.

A typical "R1-5" lot measures 50' x 100' for a total lot area of 5,000 square feet; however, the homebuilder market tends to seek out lots with parameters that will accommodate their specific home product offering. It is not uncommon to see 50' wide lots with lengths of up to 125' for a lot area of 6,250 square feet. With approximately 18.7 acres available for lot development, and each lot having a lot area of 6,250 square feet, the lot yield will be approximately 130 lots for a Gross Density of 3.25 DU/Ac.

The draft LDO will accommodate this size lot through what is termed "Lot Category A" and this is the basis of analysis for this methodology. Larger lots will have the effect of decreasing the Gross Density below the stated 3.25 Du/Ac threshold thereby negating the pool requirement.

The following table summarizes these calculations:

Gross Parcel Area	40 acres
Arterial Right-of-Way	4 acres
Net Residential Area	36 acres
Open Space	7.2 acres
Local Right-of-Way	10 acres
Cumulative Lot Area	18.7 acres
Average Lot Area	6,250 square feet
Lot Yield	130 Lots
Gross Density	3.25 Du/Ac

<u>Pros and Cons:</u>

This approach should be relatively easy to administer, sets the pool amenity within walking distance of every home in the subdivision, can be scaled up or down, works in both R-1 and R-2 zoning, and allows the developer more lots to amortize the investment.

Conversely, this approach has certain inherent limitations. The pool requirement may be defeated by "shorting". For instance, the site could come in at 39.9 acres (vs. 40 acres) or 3.24 DU/Ac (vs. 3.25 DU/Ac), which in either case the pool requirement is negated. This approach also will have the effect of driving new home prices up in order to cover the cost of the additional amenity. Further, there is currently no pool requirement in RL (R-1) zoning.

Alternative Funding Mechanisms

Staff investigated the legal implications of certain funding mechanisms as they pertain to community pools. The questions posed, and their responses, are summarized below:

Impact Fees

- May the city adopt development impact fees to fund community pools?
    - May be used to fund necessary public services
    - Life expectancy of 3 years or more
    - Owned or operated on behalf of the municipality
    - Neighborhood parks up to 30 acres may be funded using impact fees
    - May be used to fund a public swimming pool but not an aquatic center
    - Aquatic center not defined in ARS
    - Must be spent within 10 years

Buy-In Fees and In-Lieu Fees

- May the city require developers to construct a community pool subject to repayment through a buy-in fee or in-lieu fee?
    - SMC provides for repayment of cost incurred related to "special public improvements" (e.g. roads, water lines, sewer lines, storm water lines, traffic signals, sidewalks, etc.)
    - Community pool could be included in park programming
    - But no statutory authority to require a park or denote as a "special public improvement"
    - Potential U.S. and Arizona Constitution issues
    - Potential takings and just compensation issues

Other Funding Mechanisms

- What other possible funding mechanisms exist for the funding of community pools?
    - Voter-approved bonds
    - Community Facilities District

Potential Definitions

Staff also explored the creation of specific definitions so as to clarify what type of facility is being discussed and/or potentially funded, as there are important distinctions between these terms. Definitions have not been fully developed, but may be developed with the drafting of the LDO. These terms include, but are not limited to, the following:

- Private Pool
- Semi-Public Pool
- Public Pool
- Aquatic Center

Attachments:

01 – PPT

SURPRISE
ARIZONA

December 3, 2019 City Council

December 5, 2019 Planning and Zoning Commission

Community Pool Amenities

Several Options Explored

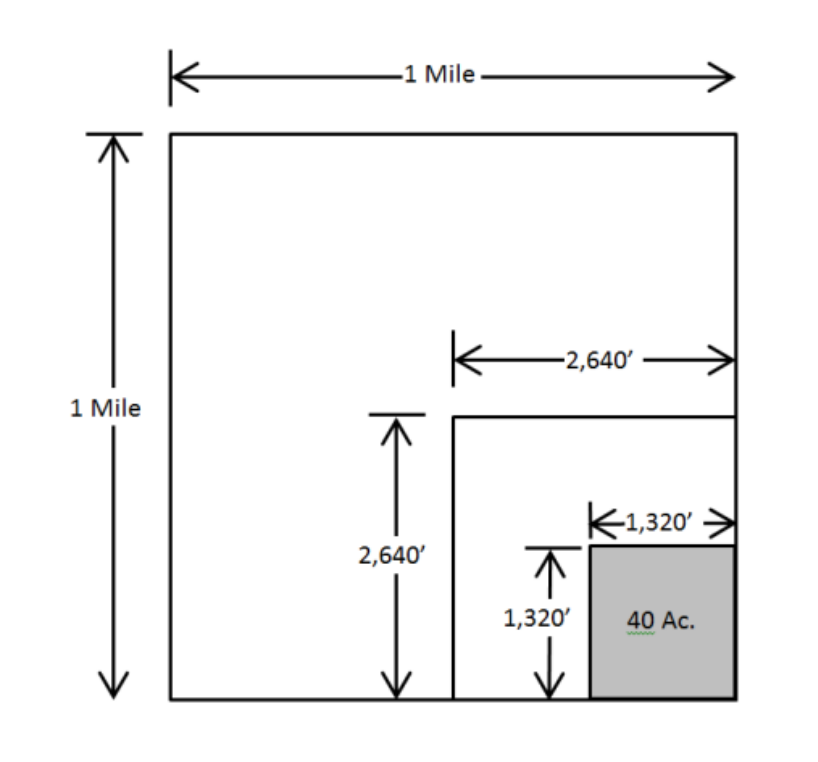
- Minimum Lot Width Approach
- 1-Lot Failure Approach
- ¼-Mile Radius Approach
- Amenity Center Approach
- **3-Prong Test Approach**
- **Alternative Funding Mechanisms**
- **Definitions**

3-Prong Test Approach

- Developer to provide semi-public pool facility when each of the following are met:
  - R-1 or R-2 zoning, and
  - 40 gross acres or more, and
  - 3.26 DU/Ac or more gross density
- All lots must have minimum required rear yard area of 1,000 square feet or pool requirement is invoked regardless of gross area or gross density

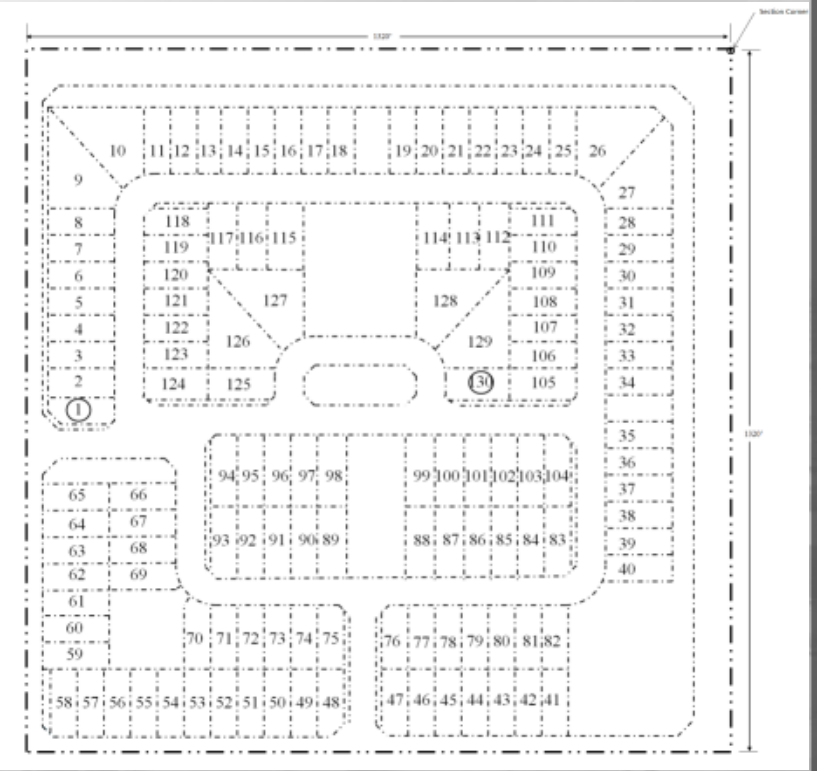
Rationale

- 1 square mile has dimensions of 5,280’ by 5,280’ and an area of 640 acres
- ¼-Section has dimensions of 2,640’ x 2,640’ and an area of 160 acres
- A ¼-¼ Section has dimensions of 1,320’ x 1,320’ and an area of 40 acres
- A ¼-¼ Section places the amenity within walking distance of all homes



Rationale

- Approx. 10% of land mass is arterial ROW
- Area that is left is referred to as the “Net Residential Area”
- 20% of NRA required as open space
- Approx. 28% of NRA is interior ROW
- Average Lot Area of 6,250 SF (50’ x 125’ lot)
- Lot Yield of approx. 130 Lots
- 130 lots / 40 gross acres is 3.25 DU/Ac



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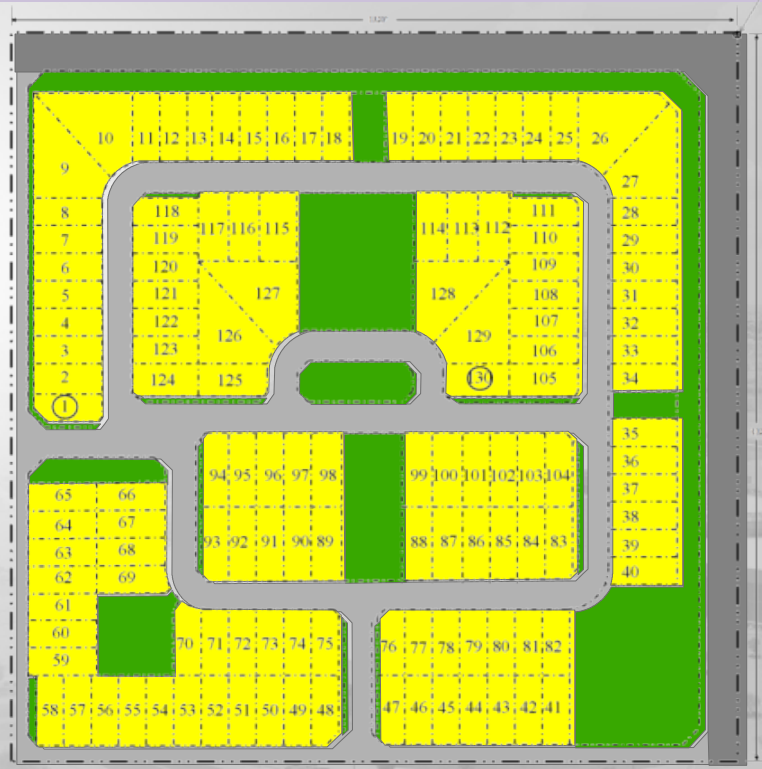

Rationale

Pros

- Relatively easy to administer
- Sets facility within walking distance
- Can be scaled up or down
- Works in R-1 and R-2 zoning
- Allows developer more lots to amortize the cost of the pool (i.e. 130 lots vs 60 lots)

Cons

- Can be defeated by “shorting”
- Drives new home prices up
  - Median household income vs. median new home price
- Pool amenity not currently required in RL (R-1) zoning

Funding Mechanisms

- Impact Fees
- Buy-In Fees and In-Lieu Fees
- Other Funding Mechanisms

Funding Mechanisms

- Impact Fees
  - May be used to fund necessary public services
  - Life expectancy of 3 years or more
  - Owned or operated on behalf of the municipality
  - Neighborhood parks up to 30 acres may be funded using impact fees
  - May be used to fund a public swimming pool but not an aquatic center
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Funding Mechanisms

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  - SMC provides for repayment of cost incurred related to “special public improvements” (e.g. roads, water lines, sewer lines, storm water lines, traffic signals, sidewalks, etc.)
  - Community pool could be included in park programming
  - No statutory authority to require a park
  - Potential U.S. and Arizona Constitution issues
  - Potential takings and just compensation issues

Funding Mechanisms

- Other Funding Mechanisms
  - Voter-approved bonds
  - Community Facilities District

Definitions:

- **Private pool**

Image source: https://desertsoullandesign.com/uploads/3/4/9/5/34959118/custom-pool-builder-pool-contractor-gilbert-chandler-queen-creek-san-tan-valley-arizona-swimming-pool-phoenix-east-valley-desert-soul-landesign-52_orig.jpg

Definitions:

- **Semi-public pool**

Image source: http://www.platinumpoolsaz.com/wp-content/uploads/2018/05/87aabde76f1b2c0553a9cb63b287e10d commercial2-1024x768.jpg

Definitions:

- **Public pool**

Definitions:

- **Aquatic Center**

SURPRISE
ARIZONA

QUESTIONS OR COMMENTS?

Thank You